K18000285514

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COVER LETTER

	gistration Se vision of Cor				
SUBJECT:		EAN SERVICES LLC			
SOISECT.	· <u></u>	Name of Lim	ited Liability Company		
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please retur	n all correspo	ndence concerning this matter	to the following:		
		ANABEL RODRIGUEZ S	SANCHEZ		
		SHINY CLEAN SERVICE		7	
		575 LIVE OAK AVE W A			
		HAINES CITY FL 33844	Address		
		SHININGCLEAN21@GM.	City/State and Zip Code All_COM to be used for future anoual	mover positiontion)	
For further	information c	oncerning this matter, please co		,	
ANABEL I	RODRIGUEZ	SANCHEZ	863 45 at ()	8-4090	
	Name o	f Persum	Area Code	Daytime Teleph	one Number
Enclosed is	a check for th	ne following amount:			
¥ 525.00	Filing Fee	C) \$30 00 Filing Fee & Certificate of Status	S55.00 Filing Fee Certified Copy (additional copy is on		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Re Di P.	eiling Address egistration Sivision of COO. Box 632	Section orporations 7	Division The Ce	ddress: ation Section on of Corporation ontre of Tallaha I. Monroe Stree	ssec
I a	manassee, i	1. 32314		i. Monitoe Siree	•

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited	ny <u>as it now sopewis on our records.</u>) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 1.18000285514	were filed on 12/12/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "ELC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		·
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		A
Mailing address MAY BE A POST OFFICE BOX		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter th</u>	e name of the new regist
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Flor	ida
	City	Zin Code

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or. if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person, being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	ANABEL RODRIGUEZ SANCHEZ	575 LIVE OAK AVE W APTO 7206	ĂAdd
		HAINES CITY FL 33844	Cl Romove
			Clange
MGR	ERNESTO BLANCO BIN	575 LIVE OAK AVE W APTO 7206	∰ Add
		HAINES CITY FL 33844	□Remove
			Change
		·	□Remove
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Effective date, if other than th	e date of filing	05/10/2022		(optional)	
Michigan Cance, in Collect Chair th	ant be specific and	cannot be prior to	date of filing or more t	hun 90 dayn after filing.	) Pursuant to 605 020
If an effective date is listed, the date ma		neer the applicab	ie statutory ming rec	juirements, this date	will not be listed as
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If an effective date is listed, the date in Note: If the date inserted in this bedocument's effective date on the form of the specifies a delayed effective dis filed.  MAY 10 Dated	Department of S	state's records.	e, at § 2:01 a.m. on th	ne earlier of: (b) Th	se 90th day after the
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