





Office Use Only



## **COVER LETTER**

Division of Corp					
SUBJECT:	DJAS Clea	ning Service			
<u></u>	Name of Limi				
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.			
Please return all correspon	ndence concerning this matter t	to the following:			
	Fernanda	Name of Person			
	Student/A.	Hulete Headqu Firm/Company	arters		
	2317 364	St. S. Address			
	St. Petersbur	City/State and Zip Code    City/State and Zip Code    Code			
	Fernando M E-mail address: (1	Who e gmail is to be used for future annual report noti	C6M fication)		
For further information co	oncerning this matter, please ca	all:			
Fernando N Name of	Laynov Person	at (727) 642 Area Code Daytim	-3472 e Telephone Number		
Enclosed is a check for th	e following amount:				
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Address		Street Address: Registration Se	ction		
Registration S Division of C			Registration Section Division of Corporations		
Division of Corporations P.O. Box 6327		The Centre of Tallahassee			

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DDJAS Clea	ining	Servi	ce			
( <u>Name of the Limited Li</u> (A Fl	ability Compar orida Limited L	i <mark>v as it now apr</mark> liability Compan	y)	cords.)		
The Articles of Organization for this Limited Liabili	ty Company 9_70_6	were filed on	02/19	2019	and as	signed
This amendment is submitted to amend the following	g:					
A. If amending name, enter the new name of the  Student Athlete H  The new name must be distinguishable and contain the words				LLC" or the abbrev	iation "L	L.C."
Enter new principal offices address, if applicable:	:					
(Principal office address MUST BE A STREET AL	DDRESS)	·		F .	202	
					QZ4 HAY	11
Enter new mailing address, if applicable:				2> <u>2</u>	13	
(Mailing address MAY BE A POST OFFICE BOX	9				PX	111
				HS PE	<u> မှ</u>	
B. If amending the registered agent and/or regist agent and/or the new registered office address he		ddress on ou	r records, <u>en</u>			w registered
Name of New Registered Agent:						
New Registered Office Address:		Enter i	Florida street ad	dress		
				, Florida		
_	<del>:</del>	City	· · · · · · · · · · · · · · · · · · ·		Lip Code	

New Registered Agent's Signature, if changing Registered Agent:

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 =	<b>Authorized Member</b>	

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□Add
			□ Remove
			Change
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
			☐ Change
	<del></del>		□Add
			□Remove
			Change
			□Add
			□Remove
			ПСнапре

). If amend	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Note: If t	date, if other than the date of filing:
f the record specord is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	May 6 . 2024
	Signature of a member or authorized representative of a member
	Fernando Mayner  Typed or printed name of fignee

Filing Fee: \$25.00