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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
P!CK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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APPROVED

T GLASS JUN 122019

COVER LETTER

TO:

Registration Section
Division of Corporations

P & Y REMODELING AND CLEAR SUBJECT:	NING SERVICES LLC
	mited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Cha	ange and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	er to the following:
MARIBEL RAMIREZ	
Name of Person	
ABBA ACCOUNTING GROUP LLC	
Firm/Company	
7751 KINGSPOINTEE PKWY LOCAL 121	
Address	
ORLANDO FL. 32819	<u> </u>
City/State and Zip Code	
AAGTAXES@GMAIL.COM	
E-mail address: (to be used for future annual rep	port notification)
For further information concerning this matter, please	e call:
MARIBEL RAMIREZ	407 483-6077
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amou	int:
☑ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
INHS18 (2/14)	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

P & Y REMODELING AND CLEANING SERVICES LLC

(Name of the Limited Liabili	ty Company as it now appears on our records.) a Limmed Liability Company)	 _
		and assigned
	lonipany were filed on and a second	and assigned
Florida document number L19000117451		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company." the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD)	RESS)	
(Frincipal office dairess Hogi Dirity 1902)		201
		<u> </u>
Enter new mailing address, if applicable:		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
(Mailing address MAY BE A POST OFFICE BON)		
		
registered agent and/or the new registered office add	dress here:	
New Registered Office Address:		
TKIN KOGIOWI SA	Enter Florida street address	
	, Florida	
	Chy	Zip Code
New Registered Agent's Signature, if changing Register	ed Agent:	
provisions of all statutes relative to the proper and	complete performance of my duties, and Fai agent as provided for in Chapter 605, F.S. (red office address, I hereby confirm that the	n jamuiar wan ana Ir, if this document is
	f Changing Registered Agent, Signature of New	were filed on
	 Rage 1 of 3	

If amending Authorized Person(s) authorized to manag	e, enter the title, name, and address of each person	<u>being added</u>
or removed from our records:		

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	FREDDY W PAREJO GARCIA	2010 ROYAL BAY BLVD UNIT 15 KISSIMMEE, FL 34746	= Add
			□ Remove
			Change
			Remove
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			Remove 20 9 Change
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			Change

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