## L19000143804

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PICK-UP	MAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

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SECRETARY OF STATE ALL AHASSEE, FLORID.



**201.** 8 0 2773 T **SCHROEDE**R

## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT: <i>∑_70</i> <b>2</b>	mis Clean	ited/Libility Company	42 C
	Name of this	near training company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	doge Li	Accorp- Avila	
		Name of Person	
		Firm/Company	
	1745 M.L.	King Blvd	
		Address	7
	YY/idway, F	Orida 32345	<u> </u>
	Storms C/ean. E-mail address: (0	Address  Arida 32345  City/State and Zip Code  Code Services 9 Small report notifications are serviced for future annual report notifications.	icuiton)
For further information co	oncerning this matter, please ca		
Joige L. F.	Arrons-Avila	at (BO) 49/-	06/8
Name of	Person	Area Code Daytime	: 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: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Storms Cleaning Selvices LLC.

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)
he Articles of Organization for this Limited Liability Company were filed on 4/7/2019 and assigned lorida document number 4/9000/43884.
his amendment is submitted to amend the following:
. If amending name, enter the new name of the limited liability company here:
ne new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:
Principal office address MUST BE A STREET ADDRESS)
nter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)  The segistered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address
, Florida
City Zip Code
ew Registered Agent's Signature, if changing Registered Agent:
hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the rovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and except the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is eing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability ompany 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

<u>Title</u>	Name	Address	Type of Action
MGR	Aguita Guerrero	1745 M.L.King Blvd	<b>⊠</b> Add
		1745 H.L.K.ya Blvd Midway, Florida 32343	Remove
		32343	Change
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Filing Fee: \$25.00