49000175567

(Requestor's Name)	
(Address)	4003335
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	09/10/19010
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COVER LETTER

TO:	Registration Se Division of Cor			
cupa		LEANING SERVICES LLC		
SUBJI	ECT:	Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		ANA M VANEGAS		
			Name of Person	
		ANALU CLEANING SER	RVICES LLC	
		97-9	Firm/Company	
		302 4th Street South East		
			Address	
		Ruskin,Florida 33570		
		martha.patarroyo@taxcarei	City/State and Zip Code	
		E-mail address: (to he used for future annual report notif	ication)
For fur	ther information c	oncerning this matter, please ca	all:	
Ana M	1 Vanegas		813 479 546()	
	Name o	f Person	at ()at () Area Code Daytimo	: Telephone Number
Enclos	ed is a check for th	ne following amount:		
■ \$2	5.00 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



ANALU CLEANING SERVICES LLC

2019 8 17 10 7 1 9: 12

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 07/08/2019 _____ and assigned Florida document number 1.19000175567 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered 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 ___

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 = Authorized Member

<u>Title</u>	<u>Name</u> VANEGAS ANA M	Address 302 4TH STREET SOUTH EAST	Type of Action
AMBR		RUSKIN, F1, 33570	
			□ Remove
			Change
			☐ Remove
			Change
			□ Remove
			Add
			□ Remove
			☐ Change
			□ Add
			☐ Remove
			D Add
			□ Remove
			Change

Change	status from Ana M V	'anegas (MGR) to	Ana M Vanegas	(AMBR)		
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n effective dat <u>ite:</u> If the da	e is listed, the date mus te inserted in this ble ective date on the Do	t be specific and can ock does not meet	the applicable sta	of filing or more the atutory filing requ	(optional) in 90 days after filing- irements, this date) Pursuant to 605,0207 will not be listed as
record sp The 90th o	ecifies a delayed ay after the rec	l effective date ord is filed.	e, but not an e	effective time,	at 12:01 a.m.	on the earlier o
Septemb ted	ег 4	20	019	,		
.cu			Maria	1		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00