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COVER LETTER -

	Registration So Division of Cor			
OUD IEZ	1977	= : :		
SUBJEC	,1:	Name of Lim	ited Liability Company	
The encle	osed Articles of	Ining Company LLC Name of Limited Unability Company F Amendment and fee(s) are submitted for filing, wondence concerning this matter to the following: David Ortiz Name of Person NA Firm/Company PO BOX 367363 Address Bonita Springs Fl. 34135 City/State and Zip Code dortiz270@gmail.com E-mail address: (to be used for future annual report notification) concerning this matter, please call: 1239 1405-4387 141 141 1530.00 Filing Fee & Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Street Address: Section Street Address: Registration Section		
Please re	turn all correspo	ondence concerning this matter	to the following:	
		David Ortiz		
			Name of Person	
		NA		
			Firm/Company	
		PO BOX 367363		
			Address	
		Bonita Springs FL 34135		
			City/State and Zip Code	
			to be used for future annual report notice	ication)
For furth	er information c			,
David Ortiz				
	Name o	of Person		e Telephone Number
Enclosed	l is a check for the	he following amount:		
≣ \$ 25.	00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
	Mailing Addres	<u>\$8:</u>		etion
	Division of C			
	P.O. Box 632		The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ortiz Cleaning Company		
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)	
he Articles of Organization for this Limited Liability Comp	oany were filed on	and assigned
orida document number L19000189744		
is amendment is submitted to amend the following:		
If amending name, enter the new name of the limited	liability company here:	
orida's Commercial Cleaning Company LLC		
e new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LLC" or	r the abbreviation "L.L.C."
nter new principal offices address, if applicable:	N/A	
rincipal office address MUST BE A STREET ADDRESS	<u> </u>	
		2.49.
		- ;
nter new mailing address, if applicable:	N/A	<i>と</i>) > 3
failing address MAY BE A POST OFFICE BOX		
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		• •
. If amending the registered agent and/or registered off	ice address on our records, enter the	(ည o name of the now regist
ent and/or the new registered agent and/or registered or	nce address on our records, enter the	riante of the new regist
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flori	da
	City	Zip 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 = Authorized Member

<u>Title</u>	Name	Address	Type of Action
	MINISTER OF THE PROPERTY OF TH		□Add
			□Remove
			Change
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effective date, if other than the date of filing: effective date is listed, the date must be specific and cannot e: If the date inserted in this block does not meet the ument's effective date on the Department of State's r	(optional) e prior to date of filing or more than 90 days after filing.) Purs applicable statutory filing requirements, this date will cords.	suant to 605.02 not be listed
cord specifies a delayed effective date, but not an effe s filed.	rtive time, at 12:01 a.m. on the earlier of: (b) The 90t	th day after th
ed 03/22 2921		
4471	or authorized representative of a member	

Filing Fee: \$25.00