Elorida Department of State Division of Gorporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:	Division of Cor	norations	
	Fax Number	: (850)617-6383	
		•	
From:			
	Account Name	: PAGIO'S & ASSOCIATES, LLC	-
	Account Number	: 120100000043	
	Phone	: (305)397-8553	٠,٠
	Fax Number	: (305)397-8521	31
Enter	the email address	for this business entity to be used for ngs. Enter only one email address pleas	or future e.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SERVICLEANERS FL LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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Electronic Filing Menu

Corporate Filing Menu

Help Male

COVER LETTER

TO: Registration So Division of Cor			
	EANERS PL LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	ondence concerning this matter		
	RAUL F. EUCEDA MAN	CIA	
		Name of Person	
	SERVICLEANERS FL LI	rc	
		Firm/Company	
	3940 NW 79TH AVE AP	T 311	
		Address	
	DORAL FL 33166		
		City/State and Zip Code	
	SERVICLEANMIAMIUS	-	-
	E-mail address: (to be used for future annual report noti	fication)
For further information of	concerning this matter, please o	all;	-: -: (.,
RAUL F. EUCEDA MA	ANCIA	786 872-5497	C3
Name (of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55,00 Piling Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration		Street Address: Registration Se	ction
Division of C	Corporations	Division of Cor	porations
P.O. Box 633 Tallahassee,		The Centre of T	Callahassee e Street, Suite 810
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Tallahassee, FL 32303

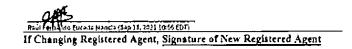
ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARTICLES OF ORGANIZATION OF SERVICLEANERS FL LLC

(Name of the Lim	ited Liability Com (A Florida Limite	nany as it now appears on ou d Liability Company)	ur records.)
The Articles of Organization for this Limited I	Liability Compar	ny were filed on 09/12/20	and assigned
This amendment is submitted to amend the fol	llowing:		
A. If amending name, enter the new name	of the limited lis	ability company here:	
The new name must be distinguishable and contain the	words "Limited Lis	ability Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	icable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:		3940 NW 79TH AVE	, APT 311
Mailing address MAY BE A POST OFFICE BOX)		DORAL, FL 33166	
B. If amending the registered agent and/or agent and/or the new registered office addr	_	e address on our record	s, enter the name of the new register
Name of New Registered Agent:	EUCEDA MANCIA, RAUL F.		
New Registered Office Address	3940 NW 79	TH AVE, APT 311	
		Enter Florida stre	eet address
	DORAL		, Florida <u>33166</u>
		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 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

Title	<u>Name</u>	Address	Type of Action
AMBR	EUCEDA MANCIA, RAUL F.	3940 NW 79TH AVE, APT 311	□Add
		DORAL, FL 33166	□Remove
			■ Change
AMBR	RIVERA, MAYRA A.	3940 NW 79TH AVE, APT 311	
		DORAL, FL 33166	□Remove
			(I ll Change
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fective date, if other than the dat in effective date is listed, the date must be ote: If the date inserted in this block	specific and cannor does not meet the	t be prior to d le applicable	ate of filing or r statutory fili:	nore than 90 day ng requiremen	rs after filing.) ts, this date v	Pursuant to 605.0 vill not be listed
cument's effective date on the Depar	tment of State's	records.				
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ecord specifies a delayed effective da	te, but not an ett	iecuvė timė,	at 12:01 a.m.	on the eartier	υι. (u) Iπ c	Sour day after i
is filed.						
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SEPTEMBER 13		21				
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Filing Fee: \$25.00