119000235694

(Re	questor's Name)	<u> </u>
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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COVER LETTER

TO:	Registration S Division of Co		∵	•
CIID II		S CLEANING, LLC		
SUBJE		Name of Lim	nited Liability Company	
The en	closed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please	return all corresp	ondence concerning this matter	to the following:	
		ZAIDA PAGUADA		
		DAYLIN'S CLEANING, LLG	Name of Person	
		4008 LEE BLVD	Firm/Company	
		LEHIGH ACERS, FL 3379	Address 1	
		zaidapaguada1@gmail.com	City/State and Zip Code	
			to be used for future annual report notif	lication)
For fur	ther information	concerning this matter, please c	all:	
Zaida	Paguada		239 285-8039 at ()	
	Name	of Person		e Telephone Number
Enclose	ed is a check for	the following amount:		
■ \$25	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

10:00 13 Fill 2:04 **OF**

DAYLIN'S CLEAMING LL

(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	and assigned
Florida document number L19000235694		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	5207 LEONARD BLVD	
(Principal office address MUST BE A STREET ADDRESS)	LEHIGH ACERS, FL 33793	
Enter new mailing address, if applicable:	5207 LEONARD BLVD	
(Mailing address MAY BE A POST OFFICE BOX)	LEHIGH ACERS,FL 33793	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent:	fice address on our record 2:	s, enter the name of the new
New Registered Office Address:		
	Enter Florida street addres	is .
	, FI	orida
New Registered Agent's Signature, if changing Registered Agent:	City	Zip Code

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>	Address	Type of Action
AMBR	DELMA E MENDEZ PAGUADA	5207 LEONARD BLVD LEHIGH ACERS, FL 33793	B Add
			□ Remove
			Change
			Add
			☐ Remove
		-	☐ Change
			□ Remove
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			☐ Change

	10/09/2019
Effec	tive date, if other than the date of filing: (optional) ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207
<u>Note</u>	ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of e 90th day after the record is filed.
Date	i
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

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Filing Fee: \$25.00