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## **COVER LETTER**

TO: Registration Division of (	Section Torporations	
SUBJECT:	Oc Detail Cleaning Services LLC Name of Limited Ligibility Company	
The enclosed Articles	of Amendment and fee(s) are submitted for filing.	
Please return all corre	spondence concerning this matter to the following:	
	Cabrel Cruz	
	Name of Person	
	Firm/Company	
	8156 Surft Fox trail	
	Jax, FC 3222  City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	
For further informatic	n concerning this matter, please call:	
Gabriel	at (904) SUH-1173  Area Code Daytime Telephone Number	
.Nan	te of Person	
Enclosed is a check for	or the following amount:	
台\$25.00 Filing Fee	☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee.  Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)	

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

SECRETARY OF STATE Florida document number 119060 345920 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: ttc The new name must be distinguishable and contain the words. Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 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 \_\_ City

### 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, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added or removed from our records</u>:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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(If an eff Note:	ive date, if other than the date of filing:
ne recor	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
	September 8 . 2023.
Dated	Solved Com
Dated	Signature of a member or authorized representative of a member

Filing Foo: \$25.00