K190002108713

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SECRETARY OF STATE

COVER LETTER

TO: Registration Secti Division of Corpo	
SUBJECT:	CAZZA CLEANING LLC.
SUBJECT:	Name of Limited Liability Company
The enclosed Articles of An	nendment and fee(s) are submitted for filing.
Please return all correspond	ence concerning this matter to the following:
	,
	Monica B. Alvarez
	Name of Person
	CA22a Cleaning, LLC.
	19009 NW 64th CT.
	Hialeah FL. 33015 City/State and Zip Code
	A Ug112 monica 2800 @ 9 mail. Com E-mail address: (to be used for future annual report notification)
For further information com	cerning this matter, please call:
Monica	erson A UQIP2 at (954) 881-4580 Area Code Daytime Telephone Number
Name of Po	erson Area Code Daytime Telephone Number
Enclosed is a check for the	
□ \$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) □ \$30.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:	Street Address:
Registration Sec	ction Registration Section
Division of Cor P.O. Box 6327	porations Division of Corporations The Centre of Tallahassee
Tallahassee, FL	32314 2415 N. Monroe Street, Suite 810
	Tallahassee, FL 32303

FILED

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CAZZA CLEANING LLC.

初22 APR 11 AM 9:00

SECRETARY OF STATE TALLAHASSEE. FL

(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) lability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L19000268713</u> .	were filed on October 28, 2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
A+A Solutions 42 LLC. The new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words".	
The new name must be distinguishable and contain the words "Limited Liabili	
Enter new principal offices address, if applicable:	19009 NW64th CT.
(Principal office address MUST BE A STREET ADDRESS)	Hialeah, FL. 33015
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	19009 NW 64th CT. Hisleah, FL. 33015
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent: MOA	CA B. AlVAREZ
New Registered Office Address: 1900	9 NW 64 th CT. Enter Florida street address
	lah Florida 33015 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>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Victor M. Alvarez	19009 NW64 CT. Hlabah, Fl.	XAdd
			□ Remove
		<u> </u>	[]Change
			□Add
			□ Remove
			□Change
		 	□Add
			□Remove
			[]Change
			□Add
			□Remove
			DChange
			□ Add
			□ Remove
			□Change
			□Add
			□Remove
			□ Chang e

fam	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Note:	tive date, if other than the date of filing:
e reco rd is f	rd 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 fied.
Dated	April 4 th , 2022
	Signature of a member or authorized representative of a member
	Monica B. Alvarez