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TO:18506176383 FROM:3213660511

Division of Corporations



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.

(((H22000207644 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CKO CONSULTING AND TAX SERVICES LLC

Account Number : I20220000100 : (321)366-0510 Fax Number : (321)366-0511

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

| - ' 3 | Address | | | |
|-------|----------|--|--|--|
| Fm211 | AMARESS' | | | |

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CAMISAAC CLEANING LLC

| Certificate of Status | 0 |
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| Certified Copy | 0 |
| Page Count | 05 |
| Estimated Charge | \$25.00 |

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Electronic Filing Menu Corporate Filing Menu

JUN /1/61,2022

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|------------|--------------------------------------|-----------------------------------|-------------|---|--|-----|
| | | | | COVER LETTER | H22 5002076 L | 145 |
| | Registration Sec Division of Corp | | | | | |
| | CAMISAAC | CCLEANING LLC | | | | |
| SUBJEC | 1: | N | aine of Lin | nited Liability Company | | |
| The enclo | sed Articles of a | Amendment and fee | (s) are sul | omitted for filing. | | |
| Please ret | urn all correspoi | ndence concerning t | his matter | r to the following: | | |
| | | CRISTIANE OL | LIVEIRA | SILVA | | |
| | | | *** | Name of Person | | |
| | | CKO CONSUL | TING AN | D TAX SERVICES LLC | | |
| | | | | Firm-Company | *** | 443 |
| | | 1821 PLUMAS | WAY | | | |
| | | | | Address | | |
| | | ORLANDO FL | | | | |
| | | | | City/State and Zip Code | | |
| | | | | CES@GMAIL.COM | | |
| | | | | (to be used for future annual rep | ou benication) | |
| For furthe | er information c | oncerning this matte | er, please | call: | | |
| CRISTIA | NE | | | 239 23474 at () | UI5 | |
| | Name o | f Person | | Area Code | Daytime Telephone Number | |
| | | | | | | |
| linclosed | is a check for th | he following amoun | ıt: | | | |
| ■ \$25.0 | 00 Filing Fee | □ \$30.00 Filing Certificate o | | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose | cd) \$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 Address:

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

42000 207 5443 APR

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TO:18506176383 FROM

FROM: 3213660511

ARTICLES OF AMENDMENT # 22 00 70 76 4 47 TO ARTICLES OF ORGANIZATION OF

| CAMISAAC CLEANING LLC | | |
|---|--|-----------------------------|
| (Name of the Limited Liabilit (A Florida | IV Company as it now appears on our records.) Limited Liability Company) | |
| The Articles of Organization for this Limited Liability C | Company were filed on 12/09/2019 | and assigned |
| Florida document number L19000299763 | - | |
| his amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the lim | ited liability company here: | |
| The new name must be distinguishable and contain the words "Lim | nited Liability Company," the designation "LLC" o | or the abbreviation "L.L.C" |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDI | RESS) | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | |
| B. If amending the registered agent and/or registere agent and/or the new registered office address here: | ed office address on our records, <u>enter th</u> | ne name of the new register |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street address | |
| | | rida |
| | 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

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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 |
|--------------|--------------------------------|--|----------------|
| MGR | Camilly M Camisotti dos Santos | 400 Maguire Park ST Apt 211 Ococe FL 34761 | ■Add |
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| Effective date, if other than the (If an effective date is listed, the date mus Note: If the date inserted in this bl document's effective date on the D | lock does not meet the applica- | able statutory filing require | (optional) 90 days after filing.) Pursuant to 6 ements, this date will not be l | 605.0207 (3)() isted as the |
| the record specifies a delayed effective cord is filed. | ve date, but not an effective ti | me, at 12:01 a.m. on the es | arlier of: (b) The 90th day a | fter the |
| | 2022 | | | |
| Dated | | • | | |
| Dated June 14 | Cintia Si | intoc | | |

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