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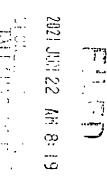
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## **COVER LETTER**

TO:

Registration Section

Tallahassee, FL 32314

Division of Co	orporations		·
	UES CLEANING LLC		
SUBJECT:	Name of Lir	nited Liability Company	<del></del>
The enclosed Articles o	f Amendment and fee(s) are sul	bmitted for filing.	
Please return all corresp	ondence concerning this matter	r to the following:	
	MARTHA S RODRIGUE	ES .	
	·	Name of Person	
	RODRIGUES CLEANING	G L.L.C	
		Firm/Company	
	5210 BYGONE ST		
	<del></del>	Address	
	LEHIGH ACRES, FL. 339	971	2021 31 (
	-	City/State and Zip Code	2021 JUS 22
	grbookkeeping15@gmail.co		
	E-mail address: (	to be used for future annual report notification	1)
For further information of	concerning this matter, please c	all:	
MARTHA S RODRIGU	JES	857 249-4641	61.19
Name o	of Person	at () Area Code Daytime Telep	
Enclosed is a check for t	he following amount:		
□ \$25.00 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 S Division of C P.O. Box 632	Section orporations	Street Address: Registration Section Division of Corporati The Centre of Tallaha	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RODRIGUES CLEANING LLC			
(Name of the Limited Liability Company as (A Florida Limited Liability)	it now appears on our records.) ty Company)		
The Articles of Organization for this Limited Liability Company were lorida document number <u>L20000023347</u> .	e filed on FLORIDA	and assig	ned
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited liability	company here:		
ne new name must be distinguishable and contain the words "Limited Liability Co	ompany," the designation "LLC" or the abbi	reviation "L.L.(	<del></del>
nter new principal offices address, if applicable:		202 31.	
rincipal office address MUST BE A STREET ADDRESS)	<u> </u>		- 7
	· · · · · · · · · · · · · · · · · · ·		
		. 10	
ter new mailing address, if applicable:		<u></u>	-
ailing address MAY BE A POST OFFICE BOX)		Ċ	- <u></u>
		ع ، ا	
If amending the registered agent and/or registered office addresent and/or the new registered office address here:  Name of New Registered Agent:	ess on our records, enter the name	of the new r	egiste
New Registered Office Address:			
	Enter Florida street address		
<del></del>	, Florida		
(	ity	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>	Address	Type of Action
MGR	LUCAS RODRIGUES MENDES	5210 BYGONE ST	
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			□Remove
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series of the sale of the	repartment of state's records.		
record specifies a delayed effec	ctive date, but not an effective time, at 1	2:01 a.m. on the earlier of: (b)	The With day of ar
is filed.	,	and the current of (0)	The 70th day after t
JUNE 15	2021		
ated	·		
100 64	othe Silve Redriew		
- CHIMA	VITAL STUDY PROTEINS	presentative of a member	

Filing Fee: \$25.00