LZC CCCC 27014

(Requestor's Name)	
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(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	02/28/2001019004 ++25.00
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COVER LETTER

	Registration Se Division of Cor			
CHD IE		eaning Services LLC		
SUBJEC	-1; <u></u>	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		Leticia Salazar		
			Name of Person	
		Salazar Cleaning Service	es LLC	
			Firm/Company	
		2513 DONJAY AVE		
			Address	
		Kissimmee FL 34741		
		_	City/State and Zip Code	
		E-mail address: (to be used for future annual report notif	ication)
For furth	er information c	oncerning this matter, please ca	all:	
Leticia S	Salazar		321 443-0425	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed	l is a check for th	ne 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 Addres Registration 5 Division of C	Section	<u>Street Address:</u> Registration Sec Division of Corp	

TO:

P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Salazar Cleaning Services LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records. Liability Company))
he Articles of Organization for this Limited Liability Compan		
lorida document number L20000027019		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
he new name must be distinguishable and contain the words "Limited Liab	oility 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)		21
		120 1
		E
Inter new mailing address, if applicable:		. 26 :
		= :T
Mailing address MAY BE A POST OFFICE BOX)	· -	
		 ω
3. If amending the registered agent and/or registered office	address on our records, enter t	in F he name of the new regis
gent and/or the new registered office address here:	address on our records, ener t	ite thatte of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	
	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 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	Leticia Salazar	2513 DONJAY AVE Kissimmee FL 34741	≣ Add
			□Remove
			□Change
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ective date, if other than the d	ate of filing:	to date of tiling or more	(optional) han 90 days after filing.) Purs	uant to 605,020
te: If the date inserted in this bloc nument's effective date on the Dep	ck does not meet the applic	able statutory filing re	quirements, this date will i	not be listed as
cord specifies a delayed effective s filed.	date, but not an effective ti	me, at 12:01 a.m. on the	ne earlier of: (b) The 90ti	h day after the
February 20 ed	. 2020			
teli co	Galo	'		
*	ignature of a member or author	orized representative of a	member	