L200000029823

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
i

Office Use Only



800340254548

02/13/20--01009--013 **25.00



O SIMMONS
MAR 0 7 2020

COVER LETTER

TO: Registration So Division of Cou			
	LEANING LLC		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	Fabiana A Gemelgo		
		Name of Person	
		Firm/Company	
	3349 S Kirkman Rd #1539)	
		Address	
	Orlando FL 32811		
		City/State and Zip Code	
	solutionslbp@gmail.com	to be used for future annual report notifica	· · · · · ·
For further information of	concerning this matter, please c		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Fabiana A Gemelgo		321 663 0044	
Name c	of Person	at () Area Code Daytime To	elephone Number
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 Addres		Street Address:	on.
Registration : Division of C		Registration Section Division of Corpo	
P.O. Box 632	27	The Centre of Tall	lahassee
Tallahassee,	FL 32314	2415 N. Monroe S	street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FA PRO CLEANING LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{01/23/2020}{1}$ Florida document number <u>L20000029823</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" 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 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, 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 Marco Aurelio	Marco Aurelio N Espinosa	3349 S Kirkman Rd #1539 Orlando FL 32811	🗆 Add
			Remove
			□ Change
			□Add
			TEREBYCE 11
			JAdd A S
			□Change
			□Add
			□ Remove
			□ Change
			□AJd
			CRemove
			🖾 Change
			□Add
			□ Remove
			FF 4.11

	<u> </u>									
				-						
			-				-			
									2	
									2020	•.
								::	FEB	
								-	$\bar{\omega}$	
								1	AH	
									<u> </u>	1
								<u> 글걸</u> 평	2 <u>B</u>	
								······································	· · · · · · · · · · · · · · · · · · ·	
Effective date, if other than the	date of fil	lina				1	option	ı1)		
If an effective date is listed, the date mus Note: If the date inserted in this ble	the specific	and cann				than 90 days	atter tili	ng.) Pursua		
document's effective date on the Do	partment (of State:	s records.	iore statut	my ming i	equirement	s, mis u.	ne wiii no	i ic iistec	.1 .15
e record specifies a delayed effective rd is filed.	e date, but i	not an ei	ffective tir	ne, at 12:	H a.m. on	the earlier	of: (b)	The 90th c	lay after	the
Dated Ecbruary 5th		20	20							
Edagra	/	_ · _ 1		<u> </u>						
/ah.	aquill	2			sentative of					

Filing Fee: \$25.00

Typed or printed name of signee