## L20000 57286

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

Office Use Only



800341700038

03/10/20--01023--025 \*\*80.00

FILED 259

MAR G 0 (92) T. LETA:EUX

## COVER LETTER

	Registration Se Division of Cor				
SUBJEC	The	Cleaning prod	of Palm by ited Liability Company	each L	<u>LC</u>
The encle	osed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please ret	turn all correspo	ndence concerning this matter	to the following:		
		<u>Steven</u>	Ma Zovie Name of Person	egos	
		The cleaning	Pros of po-	Im bea	<u>16 LL</u> C
		901 Flam	Address		
		west palm be	City/State and Zip Code	3401	
		The Leoning Pl	o be used for future national rep	ort notification)	
For furthe	er information c	oncerning this matter, please co	all:		
5;	<i>FEVE</i> Name of	MaZanless S	at ( <u>55/</u> ) <u>3</u> Area Code	3/- 735 Daytime Telephor	Se Number
Enclosed	is a check for th	e following amount:			
□ \$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy radditional copy is enclose	rd)	\$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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Cleaning ODS  (Name of the Limited Liability (A Florida L	OF Polm beach / L C Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Cor Florida document number <u>L_200006572\$6</u>	mpany were filed on $3-7-20$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	d liability company here:
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRE	SS)
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	
agent and/or the new registered office address here:	office address on our records, enter the name of the new registered
Name of New Registered Agent:	20122
New Registered Office Address:	Enter Florida street address
	City Florida 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
Ambr	Erwin Jimenez	9d Flamingo de W.P.b. 33401	FL TOXOU
			□Remove
			□Change
		<del></del>	🗆 Add
			□Remove
			□ Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

## Page 2 of 3

-	
-	
-	
-	
-	
-	
-	
·	
-	
-	<del>_</del>
-	
-	<del></del>
-	
(If an eff Note:	ive date, if other than the date of filing:
the rec	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	3-7-20
	C/A/
	Mw when
	Signature of a member or authorized representative of a member