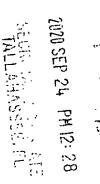
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(Requestor's Name)
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PICK-UP WAIT MAIL
(D. sizzza 5 x 2 Miller)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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COVER LETTER

TO:

Registration Section
Division of Corporations

Tallahassee, FL 32314

SUBJECT: E	Name of Ling	SOUTIONS OF FIOND	1a
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	<u>Stac</u>	Name of Person	
	Elite Chan	ing Solutions of Florida Li	LC
	10409 51	nady Preserve Dr. Address	
	<u> Pivecv</u>	Cian/Cana and 71- Cada	
	eclean Fl E-mail address: (to be used for future annual report notification)	7
For further information of	concerning this matter, please c	all: 第2	:
Stace Name o	y Greene	all: at (8/3) Area Code Daytime Telephone Number	_ · ·
Enclosed is a check for t	he following amount:		
S \$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)	ı
Mailing Address Registration : Division of C	Section	Street Address: Registration Section Division of Compressions	
P.O. Box 632	-	Division of Corporations The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ELITE CLEANING SOLUTIONS OF FLORIDA LLI
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

	were filed on 225/2020 and assigned
Florida document number <u>L 2000001982</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
ELITE CLEANING SO The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	SAME ADDRESS
(Principal office address MUST BE A STREET ADDRESS)	10409 Shady Preserve Dr.
	Livervius, FL 33579
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	SAME
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	2020 SEC TA
Name of New Registered Agent:	ddress on our records, enter the name of the new registered
agent and/or the new registered office address here:	Enter Florida street address
Name of New Registered Agent:	Enter Florida street address Florida Zip Crolle
Name of New Registered Agent:	Enter Florida strect address Florida Florida

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records: MGR = Manager AMBR = Authorized Member Type of Action Address Title **Name** __ 🗆 Add ____ Change □Remove □ Change \square Add □Remove Change Remove Change \Box Add _ Remove □ Change \square Add □Remove

☐ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

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neffective date is li te: If the date in	isted, the date must be spe	of filing: 9\25 cific and cannot be prior to ces not meet the applicable ent of State's records.	date of filing or mo	re than 90 days after	filing.) Pursua	
cord specifies a c s filed.	delayed effective date,	but not an effective time	, at 12:01 a.m. c	n the earlier of: (b) The 90th	day after th
ed <u></u>	23/20					
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