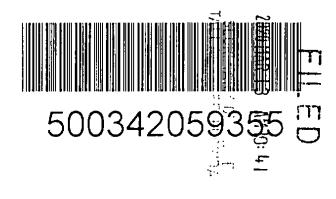
## 120000066919

	(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:
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Office Use Only



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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AGUILERA CIEANING SERVICES LUC
(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 Liab	oility Company w	were filed on $02/2$	18 20	and assig	gned
Florida document number L200006	0919	,	1		
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of the ACUILERA CLEANING. The new name must be distinguishable and contain the work.  Enter new principal offices address, if applicable the enterpolicy of the enterpole	SE DCV ds "Limited Liability ble:	wall & CIE	ANN(	SERI abbreviation I.I.	MES C.T.
Enter new mailing address, if applicable:			_	<u> </u>	
(Mailing address MAY BE A POST OFFICE BO	<u>0X)</u>			<u> </u>	
B. If amending the registered agent and/or regagent and/or the new registered office address  Name of New Registered Agent:  New Registered Office Address:	here:	dress on our records, and an analysis of the street of the	DR	me of the new	registered
New Registered Agent's Signature, if changing Reg	gistered Agent:				
I hereby accept the appointment as registered of provisions of all statutes relative to the proper accept the obligations of my position as registed being filed to merely reflect a change in the rescompany has been notified in writing of this change in the company has been notified in writing of this change.	and complete pe ered agent as pro- gistered office ac	erformance of my dution wided for in Chapter (	es, and Lam 605, F.S. Or	familiar with r, if this docum	and nent is
	If Changi	ng Registered Agent Signa	ture of New D	egistered 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
. —			□Add
			□Remove
			🗆 Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
		<del> </del>	□Remove
			□Change
	<del></del>		□Add
		<del></del>	□Remove
			□Change

## **COVER LETTER**

TO: Registration Sec Division of Corp					
SUBJECT: ACIVI	LERA Clean Name of Limi	ING SERVICES	S LCC		
The enclosed Articles of A	amendment and fee(s) are subt	mitted for filing.			
Please return all correspon	dence concerning this matter t	to the following:			
	Luis	Aguilera Jame of Person			
	AGUILERA	CLEANING SE	ERVICES LCC		
	3002 NOA	n Main Stre	et		
	Pavo	City/State and Zip Code			
	E-mail address: (1	t US (A CC) o be used for future annual report noti	fication)		
For further information co	ncerning this matter, please ca	ill:			
WIS Agu Nadwor	ile (C) Person	at ( <u>229</u> ) <u>672</u> - Area Code Daytim	-3734 e Telephone Number		
Enclosed is a check for the	e 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		<u>Street Address:</u> Registration Sec	ction		
Division of Corporations			Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			
Tallahassee, F	L 3Z314	2410 N. Monro	e Street. Suite 810		

Tallahassee, FL 32303