## LZ0000068954

(Re	equestor's Name)	
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(Do	ocument Number)	
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## **COVER LETTER**

TO:	Registration of	n Section - Corporations		
CHD ICA		CLEANING SOLUTION LLC		
SUBJEC	∵I: <u></u>	Name of Limited Liability Company		
The encl	osed Articles	s of Amendment and fee(s) are submitted for filing.		
Please re	eturn all corre	espondence concerning this matter to the following:		
		BARBARA VARELA		
		Name of Person		
		TWINS CLEANING SOLUTION LLC		
		Firm/Company		
		2325 W 60 ST UNIT 203		
		Address		
		HIALEAH, FL, 33016		
		City/State and Zip Code		
		BVARELA19@YAHOO.COM		
		E-mail address: (to be used for future annual report notification)	702) Set	
For furth	er information	on concerning this matter, please call:	AL THE	
BARBA	.RA VAREL	A 305 409-298i	POZÓ AUG -7	***
	Nan	ne of Person Area Code Daytime Telephone Number	# 7:0	]
Enclosed	l is a check fo	or the following amount:	08	
<b>≡ \$</b> 25,	00 Filing Fee	Certificate of Status Certified Copy Certificate (additional copy is enclosed) Certified C	of Status &	

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

TWINS CLEANING SOLUTION 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 03/02/2020 and assigned Florida document number \_\_\_\_\_L20000068954 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 Fiorida street address City

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.

New Registered Agent's Signature, if changing 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>	Name	Address	Type of Action
MGR	ENIG LLORENS MEDRANO	8043 W 36TH APT 3, HIALEAH, FL 33018	_ <b>■</b> Add
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ecord specifies a delayed effective is filed.	e date, but not an effective tim	ne, at 12:01 a.m. on the ea	urlier of: (b) The 90th day at	ter th
. AUGUST 02	2020			
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	Signature of a member or author	ized representative of a men	aber	

Filing Fee: \$25.00