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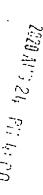
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PICK-UP	☐ WAIT	MAIL
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Special Instructions to I	Filing Officer:	

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COVER LETTER

	Registration Se Division of Cor			
SHRIEC		Cleaning Services LLC		
SUBJEC		nited Liability Company		
The enclo	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please ret	turn all correspo	ondence concerning this matter	to the following:	
		Liza Savage		
			Name of Person	
		Samaritan Cleaning Service	ces LLC	
			Firm/Company	· <u>·</u>
		4081 S Access Rd		
			Address	
		Englewood, FL 34224		
			City/State and Zip Code	
		samaritanes7@gmail.com		
For furth	er information c	n-mail address: to the concerning this matter, please concerning this matter.	(to be used for future annual report notification)	
Liza Sav	uge		815 786-4612 at ()	
	Name o	f Person	Area Code Daytime Telephone Nui	nber
Enclosed	is a check for th	ne following amount:		
≡ \$25.0	00 Filing Fee	S30.00 Filing Fee & Certificate of Status	Certified Copy Certified Copy is enclosed) Certified Copy is enclosed)	O Filing Fee, ificate of Status & fied Copy ional copy is enclosed)
	Mailing Addres Registration 5		Street Address: Registration Section	
	Division of C		Division of Corporations	
	P.O. Box 632		The Centre of Tallahassee	(1.0)
	Tallahassee.	FL 32314	2415 N. Monroe Street, Suit	te 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2020 AUG 21, Pit 4: 00

Samaritan Cleaning Services 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 Con	mpany were filed on Mai	rch 19, 2020 and assigned
Florida document number L20000085967		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company he	<u>-e</u> :
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the de	signation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here: Name of New Registered Agent:	office address on our re	cords, enter the name of the new registered
New Registered Office Address:		
	Enter Flori	da street address
		, Florida Zip Code
New Registered Agent's Signature, if changing Registered	•	<i>Б</i> р Соае
I hereby accept the appointment as registered agent at provisions of all statutes relative to the proper and con accept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	nd agree to act in this c inplete performance of i ent as provided for in C	ny duties, and I am familiar with and hapter 605, F.S. Or, if this document is
		nt, 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

Title	<u>Name</u>	Address 2020 AUG 24 Fil 4:00	Type of Action
MGR	Liza Savage	4081 S Access Rd .	□Add
		Englewood, FL 34224	□Remove
			Change
AMBR	Nieves Mendez Balisacan	4081 S Access Rd	= Add
		Englewood, Fl. 34224	□Remove
			□Change
			🗆 🗆 Add
			□Remove
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محال بالتالية	te, if other than t ate is listed, the date	the date of filin	g:	date of filing or m	ore than 90 day	(optional) safter filing VP	irsuant to 605 0203
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Filing Fee: \$25.00