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May 06, 2020 08:00 AM
Secretary of State

" A UP SOSO

COVER LETTER .

TO: Registration Sect Division of Corpo					
SUBJECT: DIVING	z Cleaning Se	rvices LLC			
	Name of Limi	ited Liability Company			
The enclosed Articles of A	mendment and fee(s) are subr	mitted for filing.			
Please return all correspondence concerning this matter to the following:					
		·			
	Smia P	Sinns			
	- carya e	Name of Person			
		Firm/Company			
	3631 SW YOU	yager Street			
		- Addiesa			
Poet Saint Lucie FL 349.53 City/State and Zip Code					
	58Helping hand	SZOZO & Gmail. Lom)		
For further information con	ncerning this matter, please ca	all:			
Name of I	Inn S	at (<u>551)</u> 236-926 Area Code Daytime Telep	hone Number		
- 1		rica coac Dayrine resep	none ramoer		
Paralle and the relief of Condition	C-II				
Enclosed is a check for the	_		-		
☐ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & € Certified Copy	☐ \$60.00 Filing Fee, Certificate of Status &		
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)		
Mailing Address:		Street Address:			
Registration Se	ection	Registration Section			
Division of Co	rporations	Division of Corporat	ions		

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED May 06, 2020 08:00 AM Secretary of State

as it now appears on our illity Company)	
ere filed on A-1	F.2020
	5-2020 and assigned
v company here:	
Company," the designat	ion "LLC" or the abbreviation "L.L.C."
 	
-	
··· ·· · · · · · · · · · · · · · · · ·	
lress on our record	s, enter the name of the new registere
Enter Florida stre	et address
	, Florida
City	Zip Code
	ity. I further agree to comply with the ities, and I am familiar with and er 605, F.S. Or, if this document is
	ress on our records Enter Florida stre

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
			□Add
			□Remove
			□Change
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			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Dated _ Signature of a member or authorized representative of a member Typed or printed name of signee

Filing Fee: \$25.00