110lol3

(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:

Office Use Only



000348846840

08/04/20--01007--012 **25.00



SEP 2 3 2020 S. YOUNG

COVER LETTER

TO:

	ation Section 1 of Corporations	
SUBJECT: _	Dust remover cleaning services LLC Name of Limited Liability Company	
The enclosed /	icles of Amendment and fee(s) are submitted for filing.	
Please return a	correspondence concerning this matter to the following:	
	Emmanue 1 Ocany	
	Bust remover cleaning Strongs LL	-C
	170 August dr	
	Shrasora Florida 34232 City/State and Zip Code Emanuel trange, Q. Yuhov. com E-mail address: (to be used for future annual report notitication)	
	E-mail address: (to be used for future annual report notification)	
For further inf	mation concerning this matter, please call:	
Emma	Name of Person at (339) 384-3718 Area Code Daytime Telephone Number	
Enclosed is a c	eck for the following amount:	
₹25,00 Fil	g Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Certificate of Status Certified Copy Certificate of Certificate of Certificate of Certificate of Certified Copy (additional copy is enclosed)	of Status & - ppy
Regi Divi P.O.	Address: ration Section on of Corporations Box 6327 assee, FL 32314 Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	j

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

V	· · · · · · · · · · · · · · · · · · ·
The Articles of Organization for this Limited Liability Company	Clability Company)
Florida document number <u>L20000110613</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
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 agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enier Florida street address City Florida Sig Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is

company has been notified in writing of this change.

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
MGR	Emmanuél Orang	1037 Lunua Dr Maples FL 34100	1 Mad
	· ·		□Remove
			□Change
			DAdd
			□Remove
			□Change
			□Add
			□Remove
		<u> </u>	
			□Add
			□Remove
			🗆 Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

	_					****	<u></u>
							
							
							
	<u> </u>	,					
•							
							
					-111		
	<u>.</u>			,			
						<u>.</u>	
_							
ote: II`tho	e date inserted ir	an the date of additional date must be specificated this block does in the Department	not meet the a	ipplicable statuti	UQQ ling or more than tory filling require	(optional) 90 days after filing.) ements, this date v	Pursuant to 605,0207 will not be listed as
record soc	ecities a delayed	effective date, bu	t not an effect	live time, at 12:0	II a.m. on the ea	arlier of: (b) The	e 90th day after the
is filed.)7/17/	2020	·				
l is filed.)1/11/			r authorized repre		Nh.ve	

Filing Fee: \$25.00