## L20000116486

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
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## **COVER LETTER**

TO:

Registration Section

Tallahassee, FL 32314

Division o	f Corporations		
d CIND	YRELLA CLEANING SERVICES	S, LLC	
SUBJECT:	Name of Lir	mited Liability Company	<del></del>
The enclosed Articl	es of Amendment and fee(s) are su	bmitted for filing.	
Please return all cor	respondence concerning this matte	r to the following:	
	STEVEN SILVA		
		Name of Person	
	CINDYRELLA		
	<del> </del>	Firm/Company	<del></del>
	3025 DRIFTWOOD WA	Y, UNIT 3206	
	<del></del>	Address	<del></del>
	NAPLES, FL 34109		
		City/State and Zip Code	
	CINDYRELLACLEAN@		·
e e a re		(to be used for future annual report notification)	
For further informat	tion concerning this matter, please of	call:	
STEVEN SILVA		617 680-8499 at ()	
N	ame of Person	Area Code Daytime Telephor	ne Number
Enclosed is a check	for the following amount:		
□ \$25.00 Filing F	ee \$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)
_	ddress: ion Section of Corporations	Street Address: Registration Section Division of Corporation	ns
P.O. Box		The Centre of Tallahass	

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

( <u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Comp Florida document number L20000116486	pany were filed on APRIL 29, 2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
he new name must be distinguishable and contain the words "Limited l	Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES.	<u> </u>	
		26
		ſ 13
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered off gent and/or the new registered office address here:	fice address on our records, <u>enter the n</u>	ame of the new regis
Name of New Registered Agent:		
New Registered Office Address:	Part 19 ct	
	Enter Florida street address	
<del></del>	Florida	
	Cuh	Zip Code

## lew Registered Agent's Signature, if changing Registered Agent:

CINDYRELLA CLEANING SERVICES, LLC

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the rovisions 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 sing filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability impany 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	CINDY SUAREZ DRIELSMA	3025 DRIFTWOOD WAY, UNIT 3206	<b>=</b> Add
		NAPLES, FL 34109	□Remove
			☐ Change
			□Add
			□Remove
			20 Add
			Remove  Change
			—————————————————————————————————————
			□Remove
			☐Change
			□Add
			Remove
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	· 5 =
fective date, if other than the date of filing:	(optional)
an effective date is listed, the date must be specific and cannot be prior to d	late of filing or more than 90 days after filing.) Pursuant to 605.
ote: If the date inserted in this block does not meet the applicable ocument's effective date on the Department of State's records.	e statutory filing requirements, this date will not be liste
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
is filed.	
ated JANUARY 8	
ated	
VIXWUM I F M M	
T 1/ T T T T T T T T T T T T T T T T T T	
Signature of a member or authorize	ed representative of a member

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Filing Fee: \$25.00