## L20000130600

(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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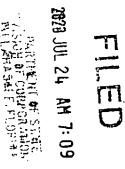
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SEP 14 2020 S. YOUNG

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: "BUZLITY CLANING Securices LLC.  Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
LEOnardo WCas Name of Person	
Firm/Company	
4035 LC MEN25 Rd # F312	
Pompano Beach FL 33069 City/State and Zip Code	
E-mail address: (to be used or future annual report notification)	
For further information concerning this matter, please call:	
Name of Person at (954) 534-0650  Area Code Daytime Telephone Number	<del>.</del>
Enclosed is a check for the following amount:	
S25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed)  S60.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed)  S60.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed)	tatus &

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

	01		جم
(Name of the Limited Lial (A Flor	bilité Company as it now appears or ida Limited Liability Company)	LLC on our records.)	
The Articles of Organization for this Limited Liability	Company were filed on M	21 14,21	2 and assigned
Florida document number <u>L20051306</u>	00	(	Ties of
This amendment is submitted to amend the following:	:		Society O
A. If amending name, enter the new name of the li	imited liability company here	<b>:</b>	
The new name must be distinguishable and contain the words "L	imited Liability Company," the desi	gnation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	. <u></u>		
(Principal office address MUST BE A STREET ADd	DRESS)		·····
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registe	red office address on our rec	ords, <u>enter the</u>	e name of the new registered
Name of New Registered Agent:			
New Registered Office Address:	Enter Floride	a street address	
		, Floric	da
_	City		Zip Code

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

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.

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
MBR	Rubens	8284 S CORAL CIR	ήdd
		North Lauderdalet	2/32068 1 Remove
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<u>AHBR</u>	Seige	30/5 SN 52ND A	Add Add
	()	Pembroke Park, Fl	□Remove
		33023 APT#78	□Change
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an effect ote: If	tive date is listed the date insert	er than the date of the date must be specified in this block does ate on the Departmen	fic and cannot be prior not meet the applic	able statutory filing requ	(optional) n 90 days after filing.) Pursuan direments, this date will not	u to 605.0207 be listed as
record : Lis filed	specifies a dela	yed effective date, bu	ut not an effective ti	me, at 12:01 a.m. on the	earlier of: (b) The 90th d	ay after the
ated	7/19/	2020		-· <i>/</i> /		
			11			

Typed or printed name of signee