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FILED 2022 JUL 29 AM 8: 09 SECRETARY, SSECTION

COVER LETTER

| Division of Corp | | | |
|--|--|---|--|
| SUBJECT: <u>DEB</u> L | DRAH-RODRIC Name of Limite | SUEZ-PROFESS ed Liability Company | SERVICE-LL |
| The enclosed Articles of A | Amendment and fee(s) are subm | itted for filing. | |
| Please return all correspor | ndence concerning this matter to | the following: | |
| | Deborah | Rodriguez Name of Person | |
| | DEBORAHRODR | IGUEZ PROFESSI Firm/Company | ONALCLEANINGSERVI LLC |
| | 501 Julia | Address | |
| | Saint F Joseant JE-mail address: (to | Onioa Optime be used for future annual report notifica | <u>-,320</u> 86 |
| For further information ec | oncerning this matter, please cal | | |
| Deboran Name of | RodriqueZ Person | at (<u>90 4</u>) <u>4 6 6</u> Area Code Daytime To | -7295 elephone Number |
| Enclosed is a check for th | e following amount: | , | |
| □ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | \$1 \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Address Registration S Division of C | Section | Street Address: Registration Section Division of Corpo | rations |
| P.O. Box 632 | 7 | The Centre of Tall | lahassee |

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

COVER LETTER

| O: Registration Section Division of Corporations |
|--|
| UBJECT: DEBORAH-RODRIGUEZ-PROFESSIONAL-CLEANING Name of Limited Liability Company SERVICE-LL(|
| he enclosed Articles of Amendment and fee(s) are submitted for filing. |
| lease return all correspondence concerning this matter to the following: |
| Deborah Rodriquez |
| DEBORAH RODRIGUEZ PROFESSIONAL CLEANING SERVICE Firm/Company |
| 501 Julieta CT, |
| Saint Avaustine, FL.32086 City of the and Zip Code Ose antonioa optimizerus (JE-mail address: (to be used for future afinual report notification) |
| for further information concerning this matter, please call: |
| Debora i Rodri au (904) 466-7295 Name of Person Daytime Telephone Number |
| inclosed is a check for the following amount: |
| ☐ \$25.00 Filing Fee Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) |

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

FILED

| | _ | | 2022 JUL 29 | AM 8: 09 | |
|--|---|---|-------------------------|-----------------------|--------------|
| DEBORAHRODRIG | UEZ PRO Liability Compan Florida Limited Li | Y as it now appears on ou ability Company) | ALCOLLAN | INGSERV | JC 11 |
| The Articles of Organization for this Limited Liab | oility Company v | were filed on <u>06 -</u> L 200 | 94-203 100 13 | Oand assigned | 7 |
| This amendment is submitted to amend the follow | ving: | | | | |
| A. If amending name, enter the new name of t | he limited liabil | ity company here: | | | |
| ine new name must de distinguishable and contain the wor | ras Limited Diabili | ty Company," the designat | ion "LLC" or the ab | breviation "L.L.C." | |
| Enter new principal offices address, if applicat | ole: | en Ti | . وسيعيس | | |
| (Principal office address MUST BE A STREET | ADDRESS) | 501 Juliet Saint Au | a.C.I gustine, f | £, 3208 | _3 |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B | <u>0X)</u> | 501 Ju Saint 1 | lieta (August | 7. inc,FL, 3208 | - Z |
| B. If amending the registered agent and/or regagent and/or the new registered office address | gistered office a here: | ddress on our record | s, <u>enter the nam</u> | e of the new regist | <u>tered</u> |
| Name of New Registered Agent: | Jose | A Rode | iguez | | _ |
| New Registered Office Address: | 50) Jul | icta (), Enter Florida stra | eet address | | |
| · | Saint | | , Florida | 32086 Zip Code | _ |
| New Registered Agent's Signature, if changing Re | gistered 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.

I Changing Registered Agent, Signature of New Registered Agent

If amording 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 **Type of Action Title** Name _ Change MGR Jose A. Radriguez 501 1 □Change __ 🗆 Add □ Remove □Add __ □Remove □ Change _____ □Add

☐ Change

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|--------------------------------|--|
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| | |
| Note: If the | late, if other than the date of filing: |
| he record spe ord is filed. | ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the |
| Dated | ugus7 5th 2022. |
| | Signature of a member of a dufforized representative of a member |
| | Jose A. Rodriguez |