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## **COVER LETTER**

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\$110 IE/	3583			
SUBJEC		Name of Lin	nited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub-	omitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		ANA L FERREIRA		
			Name of Person	
		ANAS ACCOUNTING S	ERVICES CORPORATION	ius &
		NNING SOLUTIONS LLC  Name of Limited Liability Company  of Amendment and fee(s) are submitted for filing.  pondence concerning this matter to the following:  ANA L FERREIRA  Name of Person  ANAS ACCOUNTING SERVICES CORPORATION  Firm/Company  100 WALLACE AVE STE 245  Address  SARASOTA, FL 34237  City/State and Zip Code  ANA@ANASACCOUNTINGSERVICES.COM  E-mail address: (to be used for future annual report notification)  1 concerning this matter, please call:  1 of Person  1 at (1		
Division of Corporations  LD CLEANING SOLUTIONS 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:  ANA L FERREIRA  Name of Person  ANAS ACCOUNTING SERVICES CORPORATION  Firm/Company  100 WALLACE AVE STE 245  Address  SARASOTA, FL 34237  City/State and Zip Code  ANA@ANASACCOUNTINGSERVICES, COM  F-mail address (to be used for future annual report notification)  For further information concerning this matter, please call:  ANA L FERREIRA  Name of Person  For further information concerning this matter, please call:  ANA L FERREIRA  Name of Person  For further information concerning this matter, please call:  ANA L FERREIRA  SARASOTA FL 34237  City/State and Zip Code  Daytime Telephone Number  Enclosed is a check for the following amount:  SECOND Filing Fee  Certificate of Status  Certificate Copy (radditional copy is enclosed)  Certificate of Status & Certified Copy (radditional copy is enclosed)  Mailling Address:  Registration Section Division of Corporations				
			Address	ATION    S70-3400     Daytime Telephone Number
		SARASOTA, FL 34237		
			City/State and Zip Code	
		=		
Liza Gards	or information o		, in the second of the second	
		oncerning this matter, please c		
ANA L	FERREIRA			
	Name o	if Person	Area Code Daytime Telephone Number	
Enclosed	l is a check for t	he following amount:		
<b>■</b> \$25.	00 Filing Fee		Certified Copy Certificate of State (additional copy is enclosed) Certified Copy	tus &
	Division of C	Corporations	Division of Corporations	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	ited Liability Company as it now app (A Florida Limited Liability Compar	pears on our records.)
The Articles of Organization for this Limited I Florida document number L20000203847	Liability Company were filed on	07/14/2020 and assigned
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited liability company	<u>: here</u> :
LD SOLUTIONS SERVICES LLC		
The new name must be distinguishable and contain the	words "Limited Liability Company," t	he designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli (Principal office address MUST BE A STRE) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	ET ADDRESS)	7:20 DEC -3 PH 2: 36
B. If amending the registered agent and/or agent and/or the new registered office address.		r records, <u>enter the name of the new registere</u>
Name of New Registered Agent:	ANA I. FERREIRA	
New Registered Office Address:	100 WALLACE AVE STE 24	······································
	Enter	Florida street address
	SARASOTA	, Florida <sup>34237</sup>

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

LD CLEANING SOLUTIONS LLC

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.

City

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	MARIA S ESCOBAR	6343 Rock Creek Cir. Ellenton, FL 34222	<b>=</b> Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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re:	11/30/2020	
an effc ote:	trive date, if other than the date of filing:  (optional)  (trive 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 605.0 f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed int's effective date on the Department of State's records.	207 ( Las t
record is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after td.	ihe
ated _	1/30/2020	
cu _		

Typed or printed name of signee