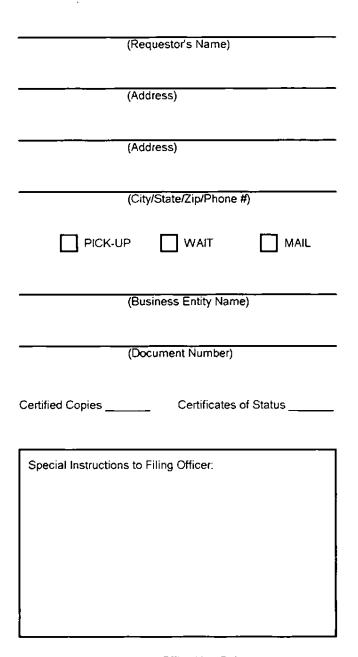
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Office Use Only



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## **COVER LETTER**

Division of Cor	porations			
SUBJECT:	KAMILLE CLE	ANING SERVICES, LLC		
, object:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
		JESSY K. MENA		
		Name of Person		
	KAMILLE CLEANING SERVICES, LLC			
		Firm/Company		
	10236 BOCA ENTRADA BLVD, APT 127			
	<del> </del>	Address		
		BOCA RATON, FL 33428		
		City/State and Zip Code		
		lurys@g-tax.com		
For further information c	e-mail address: (	to be used for future annual report notificall:	cation)	
JESSY I	C MENA	407 399-2338		
Name c	f Person	at ()	Telephone Number	
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	□ \$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	

#### MAILING ADDRESS:

Registration Section

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2520 AUG 12 Fit 12: 49

	E CLEANING SERVICES, LLC	
( <u>Name of the Limited Liab</u> (A Flor	bility Company as it now appears on rida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Florida document number 1.20000213689	· Company were filed on07/2 	and assigned
This amendment is submitted to amend the following:	:	
A. If amending name, <u>enter the new name of the li</u>	imited liability company here:	
The new name must be distinguishable and contain the words "I	limited Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
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 registered agent and/or the new registered office a		r records, <u>enter the name of the r</u>
Name of New Registered Agent:	, , , , , , , , , , , , , , , , , , , ,	
New Registered Office Address:		
	Enter Florida :	treet address
<del></del>		Florida
	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

# 2020 AliG 12 Pil 12: 49

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	KEYLA R. VIZCAINO	11990 NE 16 AVENUE, APT 306	
		MAIMI, FL 33161	■ Remove
			Change
AMBR	KEILA R. VIZCAINO	11990 NE 16 AVENUE, APT 306	<b>■</b> Add
		MAIMI, FL 33161	□ Remove
			☐ Change
			□ Remove
			Change
<del></del>			
			Remove
			Change
			□ Remove
			Change
			□ Remove
			Change

	2020 AUG 1 2 Pi i 12: 4 9
fective date, if other than the date of filing: $\stackrel{(}{\_}$	08/06/2020 (optional) not be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0
n effective date is listed, the date must be specific and car ote: If the date inserted in this block does not meet cument's effective date on the Department of State	t the applicable statutory filing requirements, this date will not be listed
record specifies a delayed effective date The 90th day after the record is filed.	e, but not an effective time, at 12:01 a.m. on the earlier
ited,	2020
	(A)

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Typed or printed name of signee

Filing Fee: \$25.00