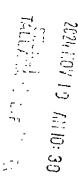


(Requestor's	Name)
(Address)	
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(City/State/Z	ip/Phone #)
PICK-UP V	VAIT MAIL
(Business E	ntity Name)
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Certified Copies Ce	ertificates of Status
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COVER LETTER

TO:	Registration Se Division of Cor			
SUBJE		Cleaning LLC		
501571,		Name of Lim	ited Liability Company	
The enc	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspo	ndence concerning this matter	to the following:	
		Lilya A Savelyev		
			Name of Person	
		Hermitage Cleaning LLC		
			Firm/Company	
		15132 Spinnaker Cove La	ne	
		· · · · · · · · · · · · · · · · · · ·	Address	
		Winter Garden, FL 34787		
			City/State and Zip Code	
		hermitageservice@gmail.co	om to be used for future annual report noti	Continu
For furt	her information c	oncerning this matter, please c		ncanni
	V Savelyev		757 510-5154	
		f Person	at ()	e Telephone Number
Enclose	ed is a check for th	ne following amount:		
□ \$ 25	5.00 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 S		<u>Street Address:</u> Registration Se	ction

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

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

Hermitage Cleaning LLC		
(<u>Name of the Limited Liabili</u> (A Florid	ity Company as it now appears on our recor- a Limited Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Colorida document number <u>L20000231375</u>	Company were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
Hermitage Service, LLC		
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
<u>Principal office address MUST BE A STREET ADDI</u>	RESS)	
		202 T.:
		2024 1.0V
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		<u>.</u>
maning dates will be it to store boxy		<u> </u>
		
3. If amending the registered agent and/or registere	d affice address an our records, enter	ယ the name of the www.regist
gent and/or the new registered office address here:	d office address on our records, enter	the name of the new region
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida street addre	NN .
	, Fi	lorida
	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>	Name	Address	Type of Action
			□Add
			□Remove
		 	□Change
.			□Add
			□Remove
			Change
			□Add
			□Remove
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			🗀 Add
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			□Change
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			□Remove
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	her information, enter change(s) here: (Attach additional sheets, if necessary.)
	
<u> </u>	
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Note: If the date inser	ther than the date of filing:
he record specifies a del ord is filed.	layed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated November 11th	2024 2024
	Signature of a member or authorized representative of a member
Lilya A. Sa	Typed or printed name of signee

Filing Fee: \$25.00