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(Document Number)					
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## **COVER LETTER**

TO:

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

ro:					
SUBJE	ст:	Mice	Name o	Cleaning Serv f Limited Liability Company	ices LLC
The end	closed Arti	icles of A	mendment and fee(s) are	e submitted for filing.	
Please i	return all c	соггевропо	lence concerning this m	natter to the following:	
			Joseph	M. Miceli Name of Person	
		red Articles of Amendment and fee(s) are submitted for filing.  In all correspondence concerning this matter to the following:    Joseph M. Michina Cheming Lac			
			908 W	Mister Ct. Address	<u> </u>
			St. Clouder St. Cl	City/State and Zip Code  Code	G G
For fur	ther inforr	mation cor			
	Jos	•		at ( <u>407</u> ) Area Code	407-569-7858  Daytime Telephone Number
Enclos	ed is a che	ck for the	following amount:		
□ \$2	5.00 Filing	g Fee		tus Certified Copy	Certificate of Status & Certified Copy
				· · · · · · · · · · · · · · · · · · ·	

**Division of Corporations** The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Miceli's Drain Cleaning  (Name of the Limited Liability Compan  (A Florida Limited Li	as it now appears on our records.)
The Articles of Organization for this Limited Liability Company vi	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability Micelia  The new name must be distinguishable and contain the words "Limited Liability Liability Micelia".	
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent:  New Registered Office Address:	
	Enter Florida street address

## 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.

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>	Name	Address	Type of Action
		·	□Remove
			Change
			□Remove
			□Change
	-		□Add
			□Remove
	/		□ Remove
			☐ Change
<del></del>			□Add
			□Remove
			□Change
			□Add
	, /		□Remove
			Change

D. If amending any other information, enter change(s)	were: (Attach dadinonal sneets, ij necessary.)
(	
C. Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be Note: If the date inserted in this block does not meet the addocument's effective date on the Department of State's recommendate.	prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(1) pplicable statutory filing requirements, this date will not be listed as the ords.
the record specifies a delayed effective date, but not an effective date that not an effective date that not an effective date is filed.	ive time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated Supe 10th 20	21.
Signature of a member or	authorized representative of a member
Joseph M Typed or	hv'celi printed name of signee