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(Requestor's Name)
(Address)
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(nucless)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Dusiness Fabita Naire)
(Business Entity Name)
(Document Number)
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COVER LETTER

TO: Registration S Division of Co			
SUBJECT: DQ	USSE Cleaning Name of Li	miled Liability Company	<u>C</u>
The enclosed Articles of	f Amendment and fee(s) are su	bmitted for filing.	
Please return all corresp	ondence concerning this matte	r to the following:	
	<u>Cede c</u>	Name of Person	
	_ De vose (Jeaning Serice	e LLC
	10610 N.3	Address 5	
		City/State and Zip Code	
Port Acres A		to be used for Auture annual report non	fication)
_	oncerning this matter, please c		
CPCP_CA Name o	De We Person	at (<u>32\</u>) <u>370</u> Area Code Daytime	- 67 60 Telephone Number
Enclosed is a check for th	e following amount:		
√S25.00 Filing Fee	S30.00 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 Division of Co P.O. Box 6322 Tallahassee, F	ection orporations 7	Street Address: Registration Sec Division of Corp The Centre of Ta 2415 N. Monroe	porations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

<u>Devose Cleaning Se</u>	ruice LLC
(Name of the Limited Liability Company as i (A Florida Limited Liability	(now appears on our records.) y Company)
The Articles of Organization for this Limited Liability Company were	filed on August + 28 2022 and acciound
Florida document number <u>L 2000 268 005</u> .	The state of the s
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability co	ompany here:
De 1550 SOLVILOS 110	
The new name must be distinguishable and contain the words "Limited Liability Con	npany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	202
	2020 HOY
Enter new mailing address, if applicable:	9
(Mailing address MAY BE A POST OFFICE BOX)	9
· 	
B. If amending the registered agent and/or registered office address	on our records, enter the name of the new registe
agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
_	, Florida
Ciņ	Zip Code
New Registered Agant's Ciamarana to a fine a first of the contract of the cont	

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
			□Remove
			□Change
			□Add
			Remove
			Change
			Add
			!
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fective date, if other than in effective date is listed, the date ote: If the date inserted in thi cument's effective date on th		a meet are armar	CHOIC SIMULIOUS R	(e more than 90 days ling requirements	optional) after filing.) Purs , this date will	suant to 605.0 not be listed	020 d :
ecord specifies a delayed effer is filed.						h day after	th
Leder.	_3	202	<u>0</u> .				
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Filing Fee: \$25.00