LZ0000175857

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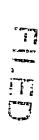


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COVER LETTER

TO: Registration Se Division of Con		
	ED CLEANING SERVICES I	
SUBJECT:	Name of Lim	nited Liability Company
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.
Please return all correspo	ondence concerning this matter	to the following:
	ANGELA RIVERA	
		Name of Person
	ENTRUSTED CLEANING	G SERVICES LLC
		Firm/Company
	4720 CHARIOT CIRCLE	
	.	Address
	GREENACRES FL 33463	
		City/State and Zip Code
	lacosinitalatina@yahoo.con E-mail address: (to be used for future annual report notification)
For further information of	concerning this matter, please c	•
ANGELA RIVERA		561 838-6505
Name of Person		at ()
-		
Enclosed is a check for t	he following amount:	
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	Section	Street Address: Registration Section
Division of C P.O. Box 632	-	Division of Corporations The Centre of Tallahassee
Tallahassee,	FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ENTRUSTED CLEANING SERVICES LL	С	75
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on o a Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liability C	Company were filed on $\frac{09/03/20}{}$	20 and assigned
Florida document number L20000275857	·	源 子 门
This amendment is submitted to amend the following:		F: 22
A. If amending name, enter the new name of the lim	nited liability company here:	·
ANGELA'S TOUCH CLEANING SERVICES LLC		
The new name must be distinguishable and contain the words "Lin	nited Liability Company." the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our record	ls, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida str	reet address
		, 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
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		400	□Remove
			□Change
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			□Remove
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ffective date, i	f other than the	e date of filin	10/08/2020			(optional))	
ote: If the date	s listed, the date mu inserted in this b tive date on the E	lock does not i	meet the applic	able statutory fi	r more than 90 da ling requiremen	iys after filing nts, this date	;.) Pursuant to 605 will not be list	5.020' ed as
	a delayed effecti	ve date, but no	t an effective t	me, at 12:01 a.r	n. on the earlie	rof:(b) Ti	ne 90th day afte	r the
record specifies is filed.								
OCTORE			2020	_ •				
OCTORE		and	X	·				
record specifies I is filed. OCTOBER		Signature of a	X	orized representati	ive of a member		·	