L20000308824

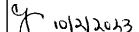
'
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certificates of Status
Special Instructions to Filing Officer:
Office Use Only



100415712571

09/18/23--01027--021 **80.00

2023 SEP 18 KH 7: 30



COVER LETTER

Division of Corporations
SUBJECT: Steadfast Cleaning LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Paular Williams Name of Person
Steadfast Cleaning LLC Firm/Company
429 SW 47th Terrace Unit #41
Cape Coral Florida 33914
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Paular Williams at (239) 990-4812 Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \Bigcup \$55.00 Filing Fee & \Bigcup \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

TO:

Registration Section

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

Street Address: 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

Steadfast C	Tenning LLC	•		8 AH 7: 30
(Name of the Limi	ted Liability Compa (A Florida Limited l	iny as it now appears on o Liability Company)	our records.)	
The Articles of Organization for this Limited L		were filed on	<u>30/2020</u> a	nd assigned
Florida document number <u>L 20060 3 0 89</u>	1.£1			
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name of Stead Fast Moving And C. The new name must be distinguishable and contain the visit of the new name of the state of the new name of the		·-		
The new name must be distinguishable and contain the v	vords "Limited Liabi			
Enter new principal offices address, if applied	able:	_ <i>N/A</i>		
(Principal office address MUST BE A STREI	ET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or agent and/or the new registered office addre		address on our record	is, <u>enter the name of t</u>	ne new registered
Name of New Registered Agent:	NA		·····	
New Registered Office Address:	N/A	Enter Florida str	east address	
		imer i toriuu sir		
		City	, Florida 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	anager uthorized Member		
Title	<u>Name</u>	<u>Address</u>	Type of Action
	·		□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Remove
			□Change
		u	□Add
			□ Remove
			□ Change
			🗀 Add
			Remove
			□ Change
			□Add
			□Remove
			□Change

· <u>·</u>	
	
	
Note: If	e date, if other than the date of filing:
he record s ord is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	September 14th 2023.
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00