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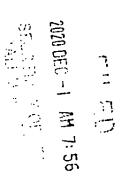
(Re	questor's Name)	
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## **COVER LETTER**

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Registration Section

TO:

Division of Co	rporations		
Elizar	achin's Cleaning	1 1 (	
SUBJECT: E HEUR	Name of Lin	nited Liability Company	
	Elizabeth's Cleaning L.L. ( Name of Limited Liability Company  d Articles of Amendment and fee(s) are submitted for filing  n all correspondence concerning this matter to the following:  Elizabeth A. Rosado  Name of Person  Elizabeth's Cleaning L.L. ( Firm/Company)  74 65 Kreaning L.L. ( Firm/Company)  74 65 Kreaning Dr. Sanddress  Boxectia Fl. 33922  City/State and Zip Code  Elizabeth a Skyak@gmail.com  E-mail address* (to be used for future annual report notification)  Information concerning this matter, please call:  A. Rosado  Name of Person  Area Code  Day time Telephone Number		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing	
Prease return an correspo	indence concerning this matter	to the following:	
	<i>(</i> )		
	<u>Clabeth</u>	A. COSOGO	<del></del>
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	Flizabethis	Oraning Lil	(,
		Firm/Company	
		_	
	1465 Kream	Address	
		. Iddiess	
	Boxeclia	a F1. 33922	
		•	
	Elizabetho	uskyak@gmail.	iom
	E-mail address: (	to be used for future annual report no	tification)
For further information c	concerning this matter, please c	all;	
	2 ( ) -	941 5n	270 -
E litabath P	of Person	at ()/80 Area Code — Davtir	ne Telephone Number
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. Certificate of Status &
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certified Copy
			(additional copy is enclosed)
VI. 217 A.1.3		Parria bildiani.	
<u>Mailing Addres</u> Registration		<u>Street Address:</u> Registration So	ection
Division of C		Division of Co	
P.O. Box 632		The Centre of	
Tallahassee,	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited L	iability Company as it lorida Limited Liability	now an		<u></u> )		
The Articles of Organization for this Limited Liabil					nd assig	gned
Florida document number <u>L200003.5599</u>						
Piorida document number <u>L200005333110</u>	<u></u> -					
This amendment is submitted to amend the following	ng:					
A. If amending name, enter the new name of the	e limited liability co	mpan	v here:			
,						
The new name must be distinguishable and contain the words	"Limited Liability Com	pany," t	the designation "LLC"	or the abbreviati	on "I, L.	<del></del>
Enter new principal offices address, if applicable	a •			S	20	
• • •				\$1.	<del>2</del> 20	
(Principal office address MUST BE A STREET A	DURESSI			<del>- 5</del> 55	0000	
					<del>_</del>	
				7.75	<del></del> >>	77
Enter new mailing address, if applicable:					<u> </u>	
(Mailing address MAY BE A POST OFFICE BO.	<u></u>			<u> </u>	<del>- 51</del>	
B. If amending the registered agent and/or regis agent and/or the new registered office address he		s o <b>n</b> ot	ir records, <u>enter (</u>	the name of th	<u>e new i</u>	<u>registered</u>
Name of New Registered Agent:	Elizabeth	Α.	Rosado			
New Registered Office Address:				<del> </del>		
		Enter	Florida street address			
_			, Flo	rida		
	Cuy	ı.		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.

Electrical July 18 Changing Registered Agent Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Elizabeth A. Rosado	7465 Kreamers Dr. Boxeelia Fl	3291 Z [X/Add
			□Remove
AMBR	Elizabeth A. Rosado	7465 Kreamers Dr. Bokeelia Fi	38922 類Ádd
			□Remove
			□Change
	<del></del>		🗀 Add
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Effective da	te, if other than	the date of fili	ng:			(optional)	
						rs after filing.) Pursuar ts, this date will not	
	ffective date on the				inig regunemen	the date will not	tre finited dis
	fies a delayed effi	ective date, but no	ot an effective	time, at 12:01 a	m, on the earlier	of, (b) The 90th d	lay after the
rd is filed.							
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Dated							
Dated	 Elx	um	aı	Denne			
Dated	Eli	Signature of	ac member or aut	Rece c	ative of a member		

Filing Fee: \$25.00