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(Requestor's Name)	
(Address)	—
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(Address)	
(City/State/Zip/Phone #)	—
☐ PICK-UP ☐ WAIT ☐ MAIL	
(Business Entity Name)	
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COVER LETTER

TO: Registration Se Division of Cor		·	
1 ina	or Cleaning Sei	vices 110	
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Liset L	Name of Person	
	Linar	Cleaning Serv	ices, LLC
		, ,	
	930 HI	assy Island C	<u>./1</u>
		Address	
	Drlar	City/State and Zip Code OINGSETVICES & Code To be 18 of for future annual report	
	Linescher	City/State and Zip Code	amail com
	E-mail address: (to be used for future annual report	ATTION, COIT
For further information of	concerning this matter, please c	all:	
Lises	rLinaro	at (407) 43	7-1282
	of Person		time Telephone Number
Enclosed is a check for t	he fallawing amount:		
S25.00 Filing Fee	☐ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee,
& 323.00 Paing FCC	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is essent)
			T MAR.
Mailing Addre	SS:	Street Address	23
Registration	Section	Registration	
Division of C P.O. Box 633		Division of C The Centre o	Corporations 7
Tallahassee.		2415 N. Mor	roe Street, Suite 810
		Tallahassee,	FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Com Florida document number <u>L21000023399</u> .	pany were filed on Jonuary 8, 2021 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	l liability company here:
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRES	<u>'S)</u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
Name of New Registered Agent:	ffice address on our records, enter the name of the new registered
New Registered Office Address:	Enter Florida street address
	City Zip Code Op
New Registered Agent's Signature, if changing Registered A	gent:
	l agree to act in this capacity. I further agreed comply with the plete performance of my duties, and Lam familiar with and

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
MGR	Liser L. Linares	930 Grassy Island Ln. Orlando, FL 3080	□Add <i>5</i>
			□Remove
			☑Change
AMBR	Liser L Linares	930 Grassy Island In. Orlando, 1	T WAdd
			Remove
			□Change
			□Add
			□Remove
			□Change
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		MAR 23	Remove
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		4: 04	□Add
			□Remove
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ective date, if other than the da	te of filing:	. 3.51	(option	ial)	404.00
effective date is listed, the date must be e: If the date inserted in this block	does not meet the application	able statutory filing req	ian 90 days after fi uirements, this c	ling.) Pursua late will no	int to 605,020 E listed :
ument's effective date on the Depa	rtment of State's records.			: :	MAR :
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