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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: A) CIECNING SETVICES 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:
JEAN LOUIS AMILODA
Aj Cleaning Services LLC
573 Pine Ridge Ave 3
City/State and Zip Code City/State and Zip Code Cety/State and Zip Code Cety/State and Zip Code Cety/State and Zip Code
or further information concerning this matter, please call:
Name of Person
nclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)

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

AJ CLEANING SERVICES LLC

(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 Company	were filed on 01/29/2021	and assigned
Florida document number 1.21000052754		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
A&J CLEANING SERVICE EXPERT LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	523 PINE RIDGE AVE	
(Principal office address MUST BE A STREET ADDRESS)	LANTANA FLORIDA, 33462	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2021 1555
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>enter the nar</u>	ne of the new registered
		
New Registered Office Address:	Enter Florida street 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 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
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ective date, if other than the dat	e of filing:			(optional)	
n effective date is listed, the date must be te: If the date inserted in this block	specific and cannot be p	rior to date of fili	ng or more than 90	days after filing.) P	ursuant to 605,020
cument's effective date on the Depar	tment of State's reco	rds.	ry ming requirer	nems, uns date w	m not be fisted a
cord specifies a delayed effective da	te, but not an effectiv	e time, at 12:0	l a.m. on the ear	flier of: (b) The S	90th day after the
is filed.					
is filed. FEBRUARY 26TH	2021				
is filed. FEBRUARY 26TH	,	<u> </u>	D	、	
is filed. FEBRUARY 26TH	2021	Ean	Janu	`. J	

Filing Fee: \$25.00