## 127000061131

(Re	questor's Name)	
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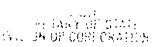
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## COVER LETTER

TO: Registration S Division of Co		· · · · · · · · · · · · · · · · · · ·			
SUBJECT: K	RYSTA POWE Name of Lim	r Cleaning, LLC ited Liability Company	<del></del>		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	Surieta	Megia Carres Name of Person	<u>a</u>		
		Firm/Company			
	507 N.	Maes Aue			
		Address			
	Cleanus	City/State and Zip Code	<u></u>		
	Koystal our E-mail address: (	ez c /e co / no 0 / o o no ito be used for future annual report notification)	il con		
For further information of	concerning this matter, please ca	all:			
Sulieta	An-	at (121) 557 - 40 Area Code Daytime Telepho	60		
Name (	of Person	Area Code Daytime Telepho	ne 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 & ☐ Certified Copy (additional copy is enclosed)	\$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Addres	<del>_</del>	Street Address:			
Registration Division of C		Registration Section Division of Corporations			
P.O. Box 632		The Centre of Tallahas			
Tallahassee,	FL 32314	2415 N. Monroe Street			

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



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Name of the Limited Liability Company as it now appears in our records.) (A Florida Limited Liability Company)				
The Articles of Organization for this Limited Liability Company were filed on 02 04 2021 and assigned Florida document number <u>L 210000 61131</u>				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability company here:				
The new name must be distinguishable and contain the word	ls "Limited Liabilit	y Company," the de	esignation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicab (Principal office address MUST BE A STREET).		507	WOTER, F	s Aug 21 33755
Trincipal office agaress WOST DE A STREET	<u>ADDRESS)</u>		<u> </u>	33 730
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		507 Clean	N. M.	L 33755
B. If amending the registered agent and/or reg agent and/or the new registered office address l		ldress on our re	ecords, <u>enter the nan</u>	ne of the new registered
Name of New Registered Agent:	502 503	ieta	Mezia	Carrosco
New Registered Office Address:	50+	Enter Flor	MAQS A	Je
	Clean	water	Florida	33755 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 = M $AMBR = A$	lanager authorized Member				JAF JAR JAFAN ER D	il CONTRATA ONFORATION	
<u>Title</u>	<u>Name</u>		Address		21 MAR 26	PA 2: 28	Type of Action
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			<u>503</u>	μ.	MARS	Are	Remove
			Cleon	<u>w</u>	2+02,	EC 33	75∑ Change
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	nnot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)( t the applicable statutory filing requirements, this date will not be listed as the
the record specifies a delayed effective date, but not an ecord is filed.	effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated 03 \ 23 \ 2021	·
·	ל
Signature of a men	nber or authorized representative of a member
Jolieta Mejia	Carras CO ped or printed name of signee

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12 Secretariji de Relaciones Exteriores de los Estados Unidos Mexicanos solucia a las autoridades competentes que permitan al únsta de este pasaporte de nacionalidat mexicana su libre paña ain retraso u obstáculo alguno y, dado el caso-le otorguen tigla la asistencia ) protec endo pública:

The Ministry of Pareign Affairs of the finited Maxical States, hereby requestigal competencia authorituses to permit the budget of this passing). A Mettern national free transit without delay or hindrance and in-cities of need to give that it havful and and printerium.

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PASAPORTE Estados Unidos Mexicanos

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JOSE ALONSO

MENTICANA

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