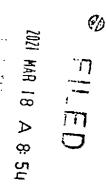
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COVER LETTER

	egistration Se ivision of Co			. ,
SUBJECT	JIMENEZ	,		
SUBJECT	·	Name of Lin	nited Liability Company	
The enclos	ed Articles of	Amendment and fee(s) are suf	omitted for filing.	
Please retu	rn all correspo	ondence concerning this matter	to the following:	
		IVELISSE ЛМЕNEZ DE	MALDONADO	
			Name of Person	
		JIMENEZ PROFESSION	AL CLEANING LLC	
			Firm/Company	
		1621 CHARITY ST		
			Address	· ===·· = 40 · · ·
		INTERCESSION CITY, I	FL 33848	
			City/State and Zip Code	
		jimenezprofessionalcleanin		
		E-mail address:	(to be used for future annual report not	ification)
For further	information c	oncerning this matter, please of	eall:	
IVELISSE	JIMENEZ D	E MALDONADO	407 576-5806 at ()	
	Name o	f Person		ne Telephone Number
Enclosed is	s 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)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
R D P.	ailing Addres egistration 9 ivision of C O. Box 632 allahassee, l	Section Corporations 17	Street Address: Registration Set Division of Contre of The Centre of Tallahassee, FI	ection & Tallahassee A D D D

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JIMENEZ PROFESSIONAL CLEANING LLC

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

(A Fiorida Chinicu D	• • • • • • • • • • • • • • • • • • • •	
The Articles of Organization for this Limited Liability Company v	were filed on 02/18/2021	and assigned
Florida document number L21000083534		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liability".	ty Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here: Name of New Registered Agent:	idress on our records, <u>enter the</u>	name of the new registere
New Registered Office Address:		7. A. 11
	Enter Florida street address , Florid	8 A
New Registered Agent's Signature, if changing Registered Agent:	City §	a Sip Code
hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as pr	performance of my duties, and I	am familiar with and Or, if this document is

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 = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	IVELISSE JIMENEZ DE MALDO	1621 CHARITY ST, INTERCESSION CITY, FL 333	34 ≡ Add
			□Remove
			Change
			□Add
			□Remove
			□Change
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			□Remove
			_ Change
			Ø ∮ □Add <u>=</u>
			Remove
			≥ □Change
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