La1000089115

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone #/	
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)	
(Do	curnent Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
		5/28/21

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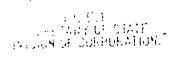
21 APR 12 PH 2: 47

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: JOEVA C	CLEANING SERVICES, Name of Limi	LLC ted Liability Company	
The enciosed Articles of A	Amendment and fee(s) are sub-	mined for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Processing Departmen	nt	
		Name of Person	
		Firm/Company	
	5605 Riggins Court	Suite 200	
		Address	
	Reno, NV 89502		
		City State and Zip Code	
	returndocs@incat E-mail address: (1	athority.com to be used for future annual report note	fication)
For further information co	oncerning this matter, please ea	all:	
Processing Departme	ent	at (800) 638-2320	
Name of	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for th	ne 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)
MAILI	ING ADDRESS:	STREET/COUR	IER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 3230:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



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JOEVA CLEAN (Name of the Limited Liability Cor (A Florida Limit	ING SERVICES, LLC mpany as it now appears on our rece ted Liability Company)	rds.)
The Articles of Organization for this Limited Liability Composition of Composition of Composition (L21000089115)	ony were filed on 02/23/21	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
The new name must be distinguishable and contain the words "Limited Li	iability Company," the designation "L	LC" 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 registered agent and/or the new registered office address t		ds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	ress
		Florida
Non-Besidened Access Simulating if the mains Designand Access	- -	λιρ 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 = Manager AMBR = Authorized Member

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<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR Clomene Simeon	9415 Marino Circle Apt 108	Add	
		Naples, FL 34114	Remove
			C Change
			Remove
			Change
			
			Remove
			Change
			□ Add
			Remove
			□ Change
			Remove
			☐ Change
			Add
			Remove
			☐ Change

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	21 APR 12 PH 2: 47
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	*** ** ****
ective date, if other than the date of filing:	(optional)
effective date is listed, the date must be specific and cannot be pricted. If the date inserted in this block does not meet the applicament's effective date on the Department of State's record	or to date of filing or more than 90 days after filing.) Pursuant to 605.0, icable statutory filing requirements, this date will not be listed.
record specifies a delayed effective date, but n he 90th day after the record is filed.	not an effective time, at 12:01 a.m. on the earlier
ed 03/30/2021.	
Signature of a member or aut	thorized representative of a member
Johnly Sti	ker R. Joseph
·	nted name of signee

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Filing Fee: \$25.00