Division of Corporations

Florida Department of State

Division of Corporations

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To:

Division of Corporations

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: (850)617-6383

From:

Account Name : DES-MATT, INC Account Number : I20180000078

Phone :

: (352)223-3911 : (863)318-8218

Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: esme_shanks@gmail.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TATUN SERVICE CLEANING, LLC



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M. SULOWUH

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DocuSign Envelope ID: 4D800476-F403-4BCC-A794-3F6A5525D230 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION 6 OF

	TE CLEANING, LLC its Company as it now appears on our records.) its Company as it now appears on our records.)	
The Articles of Organization for this Limited Liability 6 Florida document number 02/23/2021	and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	tited liability company here:	2 921
The new name must be distinguishable and contain the words "Lin	nited Liability Company." the designation "LLC" of	r the abbreviation "L'L.C."
Enter new principal offices address, if applicable:	N/A	TAR TAR
(Principal office address MUST BE A STREET ADD)	RESS)	17 C
Enter new mailing address, if applicable:	+8	1201 1201 1201 1201 1201 1201 1201 1201
(Mailing address MAY BE A POST OFFICE BOX)	N/A	
B. If amonding the registered agent and/or registered agent and/or the new registered office address here:		name of the new registered
Name of New Registered Agent: N/A		
New Registered Office Address:	Emer Florida street address	
	, Florid	la
	Сну	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.

_____ Change

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If amenting Authorized rerson(s) authorized to imanage, 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
AMBR	MEURY LILIANA VALLETATU	5935 SAVANNAH PL B	≣Add
		ORLANDO, FL 32807	□Remove
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D. If amending any other informa N/A	tion, enter change(s) here: (Attach oddi	memar saccisting recession by	_	
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If the record specifies a delayed effecti record is filed.	ve date, but not an effective time, at 12:01 a.r	m, on the earlier of: (b) The 90th day of	ier vie	
Dated May 06	2021 — Cocusigned by:			
	A Miles			
	Signature of a member or authorized represental	live of a member		
МЕ	URY LILIANA VALLE TATUN Manager			

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