La1000103647

(Re	questor's Name)	
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(Cit	ty/State/Zip/Phon	e #)
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Special Instructions to	Filing Officer:	
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Office Use Only



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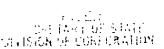
COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: OG.Cleanin	ng LLC	· · · · · · · · · · · · · · · · · · ·	<u> </u>
	Name of Lini	ited Liability Company	
	Amendment and fee(s) are sub- ondence concerning this matter		
	Odalys Gabeiras	Name of Person	
	OG Cleaning LLC	Firm/Company	
	6520 West 2nd Court	Address	
	Hialeah, Florida, 33012	City/State and Zip Code	
	odalyscleaningllc@gmail.co	om to be used for future annual report noti	tication)
For further information of	concerning this matter, please co		icanon)
Odalys Gabeiras		at () _786-843-899	06
	of Person	Area Code Daytim	e Telephone 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)
		C	

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



21 APR -5 AM 10: 26

OG Cleaning 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 03/03/2021 and assigned Florida document number <u>L21000103647</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 words "Limited Liability 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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

, Florida

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>	<u>Name</u>	Address	21 APR -5 AM 10	: 26 Type of Action
<u>AMBR</u>	Odalys Gabeiras	6520 West 2nd Ct	Hialeah, Fl, 33012	🗃 Add
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amending any other information, enter change(s) here: (Attach additional	JIVÎSÎÔN GE Û	CORE DEATERA
	21 APR -5	AM 10: 26
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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or more to the date inserted in this block does not meet the applicable statutory filing recomment's effective date on the Department of State's records.	han 90 days after filing.) F	tursuant to 605,020 ill not be listed a
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the is filed.	he earlier of: (b) The	90th day after th
ated April 1		
Signature of a member or authorized representative of a		
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Signature of a member or authorized representative of a	i membei	