421000105720

Office Use Only



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COVER LETTER

TO: Registration So Division of Con			
	ANING SERVICES LLC		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	OLGA L ROJAS		
		Name of Jerson	
	ZER CLEANING SERVI	CES LLC	
		Firm/Company	
	2934 VIANNEY PLACE	RD	
		Address	-
	GREEN COVE SPRINGS	FL 32043	
		City/State and Zip Code	
	E-mail address: (to be used for future annual rep	port notification)
For further information of	concerning this matter, please c	all:	
OLGA L ROJAS		904 584-5	5616
Name o	of Person	at () Area Code	Daytime 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 tadditional copy is enclose	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre		Street Add	
Registration Division of C		_	on Section of Corporations
P.O. Box 632			re of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability Company av</u> (A Florida Limited Liabil	it now appears on our re ords.)	
(A rionda Emined Exaon	ny Company)	
The Articles of Organization for this Limited Liability Company wer	e filed on <u>03-04-2021</u>	and assigned
Florida document number 1.21000105720		_
ionua document number		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	company here:	
he new name must be distinguishable and contain the words "Limited Liability C	ompany," the designation "LLC" or the a	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)		
_		··- <u>-</u>
B. If amending the registered agent and/or registered office addr	ess on our records, enter the nai	me of the new reg
gent and/or the new registered office address here:		Ţ.
Name of New Registered Agent:		
N D : 1007 All		
New Registered Office Address:	Enter Florida street address	· ·
	, Florida _	Zip Code ^C
	City	zip Coae

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 amending Authorized Person(s) authorized to manage, enter the title, name, and acdress of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Change
			□Add
			□Remove
			□Change
			C Change
			□Add
			□Remove

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			05-27-2021			1
ec	date, if other than the	: date of filing: st be specific and c	annot be prior to d	ate of tiling or more that	(optiona in 90 days after filin	r) g.) Pursuant to 605.0207 (
ffective	e date is listed, the date mu	lack does not me	والمحالية والمحادرة	statutory filing requ	uirements, this dat	e will not be listed as t
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Filing Fee: \$25.00