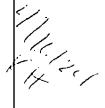
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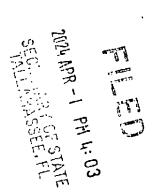
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Certified Copies Certificates of Status		
Special Instructions to	Edian Officer	
Special instructions to	Filing Officer.	





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## **COVER LETTER**

TO:

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

	egistration Se ivision of Cor			
SUBJECT	DSR CLEA	NING LLC		
SOBILCI	•	Name of Lim	ited Liability Company	
The enclos	ed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retu	m all correspo	ndence concerning this matter	to the following:	
		SHARON R GILBERT		
		<del></del>	Name of Person	
		<del></del> -	Firm/Company	<del></del>
		2979 COUNTY RD 78		
			Address	<del></del>
		LABELLE, FL 33935		
			City/State and Zip Code	
		DSRCLEANINGLLC@GN		
		E-mail address: (	to be used for future annual report notification	1)
For further	information co	oncerning this matter, please ca	all:	
DESTINI I	R VOORHEES	3	863 673-4154 at ()	
	Name of	Person	at () Area Code Daytime Telep	nhone Number
Enclosed is	a check for the	e 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)
	ailing Address egistration S		Street Address: Registration Section	2024 APR SECALA TALLA

Division of Corporations

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810n Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DSR CLEANING LLC

( <u>Name of the Limited</u> ) (A	Liability Compa Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liab	ility Company	were filed on and assigned
Florida document number L21000112029		
This amendment is submitted to amend the followi	ing:	
A. If amending name, <u>enter the new name of th</u>	<u>ie limited liab</u>	glity company here:
The new name must be distinguishable and contain the word	s "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2979 COUNTY RD 78
(Principal office address MUST BE A STREET ADDRESS)		LABELLE. FL 33935
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		PO BOX 2568
		LABELLE, FL 33975
	<u> </u>	
agent and/or the new registered office address h	ere:	address on our records, enter the name of the new registere
New Registered Office Address:	1270 NOBLES	RD
		Enter Florida street address
<u>1</u>	LABELLE	Florida 33935 - S
New Registered Agent's Signature, if changing Regi	istered Agent:	City Florida 33935 F F F F F F F F F F F F F F F F F F F
provisions of all statutes relative to the proper a accept the obligations of my position as register	ind complete red agent as p istered office	ee to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and Y provided for in Chapter 605, F.S. Or, if this document is address, I hereby confirm that the limited liability

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	RANDALL J GILBERT JR	2979 COUNTY RD 78	<b>\equiv \equiv</b>
		LABELLE, FL 33935	□Remove
			□Change
MGR	DESTINI R VOORHEES	1270 NOBLES RD	≣Add
		LABELLE, FL 33935	□Remove
			Change
<del></del>			□ Add
			□Remove
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E. Effective date, if other than the date (If an effective date is listed, the date must be sp. Note: If the date inserted in this block dedocument's effective date on the Department.	pecific and cannot be prior to oce not meet the applicable				
f the record specifies a delayed effective date ecord is filed.	:. but not an effective time	, at 12:01 a.m. on the ear	rlier of: (b) The 90		r the
Dated MARCH, 25TH	2024	·	ALLA	2024 APR - 1	T
Sha	R.C	ille	HASS	• 🛰	
Signa SHARON R GILBERT	ture of a member or authoriz	ed representative of a mem	ner m	PH 4: 03	Com

Typed or printed name of signee