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5/01

COVER LETTER

TO:

VACI'S CLE	EANING SERVICES LLC		
	Name of Limi	ted Liability Company	· ****
Articles of A	Amendment and fee(s) are subt	nitted for filing.	
H correspor	ndence concerning this matter t	to the following:	
	NANCI I PEREZ VELAS	SQUEZ	
		Name of Person	
		Firm/Company	
	P.O Box 11	05	
	Buskin	Address E.1. 33575	
	11000111	City/State and Zip Code	
	Mitinezta) E-mail address: (4	tas@ hotmail.com	fication)
ormation co	oncerning this matter, please co	dl:	
NCI I Name of	Perez Velasquez Person	at (<u>813</u>) <u>397 –</u> Area Code Daytim	- 7840 e Telephone Number
check for th	e following amount:		
ling 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)
		<u>Street Address:</u> Registration Se	ction
sion of Co	orporations	Division of Cor	porations
			Fallahassee e Street, Suite 810
	Articles of A all corresponds formation containing Address istration Sision of Co. Box 632	P. D. BOX 10 P. D. BOX 10 P. D. BOX 10 Puskin E-mail address: (a) Commation concerning this matter, please concerning this matter and ple	Name of Limited Liability Company Articles of Amendment and fee(s) are submitted for filing. Articles of Amendment and fee(s) are submitted for filing. Brown of Person Nanci Perez Velasquez

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Nacis Cleaning		
(Name of the Limited Liability Compar (A Florida Limited L	ayas it now appears on our records.) lability Company)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on <u>3/11/20</u> 7	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	Services LLC ity 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)	301 27th St St Ruskin FL 335	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.O BOX 169 Ruskin FL 3	357 <u>6</u>
3. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the na	me of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Florida	Zip Code
Com Deniet in A. Com Co.		

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 address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□Remove
			☐Change
			□Add
			Change
			□Add
			Change
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			□Remove
			□Remove
			Change
			□Add
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ective date, if other than the date of filing:					·	
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and March 23 . 2021. Marcifeur Illum Signature of a member of authorized representative of a member		effective date, but no	ot an effective time	e, at 12:01 a.m. on th	e earlier of: (b) The	90th day after the
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