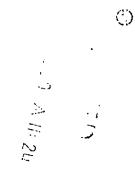
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(Re	questor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	e #)
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(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	Office Use On	v S.C.



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COVER LETTER

то:	Registration Section Division of Corporations	•	
SUBJE	DUCT CLEANING DOCTOR'S LLC		
	Name of Limited Liability Company		
The enc	osed Articles of Amendment and fee(s) are submitted for filing.		
Please re	turn all correspondence concerning this matter to the following:		
	JUVENAL DAVID BARON CARDENAS		
	Name of Person		
	PRINCIPAL		
	Firm/Company		
	935N BENEVA RD SUITE 609 PMB 113		
	Address		
	SARASOTA, FL 34232		
	City/State and Zip Code		25
	cgomezgs@gmail.com E-mail address: (to be used for future annual report notification)		ζ
For fo r tl	er information concerning this matter, please call:		
	AL DAVID BARON CARDENAS 941 735-6649	۵)	
•	Name of Person Area Code Daytime Telephone Number	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	.2
Enclose	is a check for the following amount:		
≘ \$2 5	(additional copy is enclosed) Certified	e of Status &	

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DUCT CLEANING DOCTOR'S LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 03/23/2021 The Articles of Organization for this Limited Liability Company were filed on ____ and assigned L21000135029 Florida document number 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

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.

New Registered Agent's Signature, if changing Registered Agent:

If Changing Registered Agent, Signature of New Registered Agent

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>	<u>Address</u>	Type of Action
AP	CARDONA, JUAN FERNANDO	935N BENEVA RD SUITE 609 PMB 113	
		SARASOTA, FL 34232	≅Remove
			□Change
AP	CARDONA. JOSE FERNANDO	935N BENEVA RD SUITE 609 PMB 113	
		SARASOTA, FL 34232	□Remove
			□Change
		 	🗆 Add
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<u>e:</u> If the date inserte	r than the date of filing: the date must be specific and cannot be prior to date of in this block does not meet the applicable state on the Department of State's records.	(optional) of filing or more than 90 days after filing.) Pursuant to 605 tutory filing requirements, this date will not be list	5.02 ed
cord specifies a delay s filed.	ed effective date, but not an effective time, at 1	2:01 a.m. on the earlier of: (b) The 90th day after	r th
ed	APRIL 01 2021		
	Signature of a member or authorized rep	Dresentative of a member	

A Comment