L21 000 146544

(1	Requestor's Name)
	Address)
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(0	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
((Business Entity Name)
	Document Number)
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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: Nalec	· Cleanu	W. Service	es LL	<u> </u>
	Name of Limi	ited hiability Company	y	
The enclosed Articles of Amen	dment and fee(s) are sub-	mitted for filing.		
Please return all correspondence	e concerning this matter	to the following:		
_	Lem 1	1 Och al Name of Persor	d/Unk	olee McAnald
<u>,</u>	Nales Clee	Firm/Campany	NICOS	LLC
	4774 IM	COOLAL (Address	Court	
	Clardo	Florcold City/State and Zip C	378 Code	11
	Natmarm E-mail address: (1	12 Co Cly 10 to be used for future an	nual report notific	cation)
For further information concern	ning this matter, please ca	all:		
Nutalar MCC Name of Perso	muld	at (AG) Area Code	$\frac{994-8}{\text{Daytime}}$	Telephone Number
				. 2021
Enclosed is a check for the foll	owing amount:			
S25.00 Filing Fee □	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Certified Cop (additional copy	ý	S60.00 Filing Feer Certificate of Status & Certified Copy. J (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32	rations	Reg Div The	ect Address: gistration Sect vision of Corpo e Centre of Ta 5 N. Monroe	orations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Nollo Cleaning Servi (Name of the Limited Lim	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company w Florida document number <u>17100 146544</u> .		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	y 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)	NIA	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	$-\lambda$	
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	ldress on our records, <u>enter the</u>	e name of the new registered
Name of New Registered Agent:	NIA	O S
New Registered Office Address:	M/A Enter Florida street address	
		da 📐
New Registered Agent's Signature, if changing Registered Agent:	City	Zip Code
I haraby account the appointment as registered agent and agree	to act in this canacity. I forth	ar garga to comply with the

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
MGR	Lem McDinald	4774 Imagnell Wlando F130	NAdu
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			□Change
			□Add
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fective date, if other to n effective date is listed, the	han the date of filing date must be specific an	d cannot be prior to date of f	(optio	nal) iling.) Pursua	int to 605.0207
te: If the date inserted in cument's effective date	in this block does not	meet the applicable statut	tory filing requirements, this	date will no	it bé listed as
cument seffective date	on the Department of	Mate's records.		21 !!	
ecord specifies a delayer	Leffective date, but no	t an effective time, at 12:	:01 a.m. on the earlier of: (b)	≟ The 90th	day, after the
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ted May 27r	<u>w 202)</u>	,		A II: 2u	
is filed. Ited May 77r	rd ror) 1-McDing	nember or authorized repre	acantutiva of a smank	: 24	<u></u>