L21000149738

(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
(OK) ORDER TO THE H
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT: Ahs		cleaning, LL	
	Name of Lin	nited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	omitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Ies	Name of Person	
		Name of Person	
	Ahsei Prac	èse cleaning	LLC
	2937 SE	5th Ter. Address	
	Ocala,	FL 34471 City/State and Zip Code e CISE Cleaning 6	
		City/State and Zip Code	· 1
W	uw.ahseipr	ecise cleaning 6	gmail. com
	E-mail address: (to be used for future annual report notif	icauon)
	ncerning this matter, please of	all:	
<u>Iesha</u> E.f	orter	at (<u>352</u>) <u>299</u> — Area Code Daytime	1821 JUL 29 18387
Name of	Person	Area Code Daytime	
			Telephone Number
Enclosed is a check for the	following amount:		
☐ \$25.00 Filing Fee	S30.00 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)
Mailing Address:		Street Address:	.•
Registration Se Division of Co		Registration Sec Division of Corp	
P.O. Box 6327	•	The Centre of Ta	
Tallahassee, FI	_ 32314	2415 N. Monroe	Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limit	(A Florida Limited Liability Company)
The Articles of Organization for this Limited L Florida document number <u>L2100014</u>	iability Company were filed on $3 - 3 -200 $ and assigned 738 .
This amendment is submitted to amend the following	owing:
A. If amending name, enter the new name o	f the limited liability company here:
The new name must be distinguishable and contain the w	words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:
(Principal office address MUST BE A STREE	CT ADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>
B) If amending the registered agent and/or ragent and/or the new registered office address	registered office address on our records, enter the name of the new registered ss here:
Name of New Registered Agent:	Iesha Earlicia Porter &
New Registered Office Address:	
	Enter Florida street address
	بر ب
	City Zin Code

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 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>		Address	Type of Action
MGR	Jesha	E. Porter	2932 SE 5th Ter.	(37Add
			Address 2932 SE 5th Ter. Ocala PL 34471	Петюve
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				□Add
				□Remove
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Effective	date, if other ti	an the date	of filing	: <u>3</u>	-31	-20	21	(op	tional)		
f an effectiv	e date is listed, the he date inscrted i	date must be spe	ecific and	cannot be p							
document '	s effective date of	on the Departm	nent of St	ate's reco	rds.						
record sp d is filed.	ecifies a delayed	effective date.	but not a	an effectiv	re time, at	12:01 a.n	n, on the o	arlier of:	(b) The 90	th day	after the
Dated\	July 2	7th	 -	200	<u> </u>						
				Q	1 &						
				ember or a	, ,						

Typed or printed name of signee