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(Re	equestor's Name)	
(Ad	idress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	MAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

TO:	Registration Sectorial Division of Corp.						
011311	Name Change		TISERVICES CLEANING LLC)	•			
SUBJE	CI;	Name of Limit	ted Liability Company				
The enc	losed Articles of A	amendment and fee(s) are sub-	nitted for filing.				
Please r	eturn all correspon	idence concerning this matter t	o the following:				
		JOSELINE VILIEN					
			Name of Person				
		PROFESSIONAL & MULT	TISERVICES CLEANING LLC				
			Firm/Company				
		6892 LUCCA ST					
			Address				
		ORLANDO, FL 32819					
			City/State and Zip Code		r,n	Ž02	
		JOSELINE.PLAISIMOND@				2022 FEB	
		E-mail address: ()	o be used for future annual report no	tification)	-:	ڈن 	-
For furt	her information co	oncerning this matter, please ca	ill:		,	<u></u>	; .m.
JOSEL	INE VILIEN		321 663-4730 at ()		·>	13; -9.	، ۳۱ اور درمان اور
	Name of	Person	Area Code Daytii	me Telephone Number	· · · · · · · · · · · · · · · · · · ·	2: 42	∕ €1
Enclose	ed is a check for the	e following amount:					
■ \$2.	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate of Certified Co (additional cop	of Status & opy		
	Mailing Address	<u>s:</u>	Street Address:				

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PROFESSIONAL & MULTISERVICES CLEANING LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on 05/06/2021	and assigned \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Florida document number L21000212455		, 4.,
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
Elite Pro Multi-Services LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	6892 LUCCA ST	
(Principal office address MUST BE A STREET ADDRESS)	ORLANDO, FL 32819	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>ente</u>	r the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addr	C53
		lorida Zip Code
	City	Zip 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.

H-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
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
		□Remove	
			□Change
			□Add
			□Remove

Fl	I/EIN Number# 86-3700766 Document Number L21000212455, and I am looking to change the name of the
1.1.	C company from PROFESSIONAL & MULTISERVICES CLEANING LLC to Elite Pro MultiServices LLC.
I h	ive included the \$25 money order. Please grant my name change request thank you in advance.
_	
_	
an effect Tote: If	date, if other than the date of filing:
record s	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Fented	2022
i	Signature of a member or authorized representative of a member
	Josephe Vilien
	Typed or printed name of signee

Filing Fee: \$25.00