## L21000220225

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## **COVER LETTER**

	Registration S Division of Co			
SUBJEC	Y LOPEZ	CLEANING SERVICE, LLC		
		Name of Li	mited Liability Company	
The enck	osed Articles of	Amendment and fee(s) are su	bmitted for filing.	
		ondence concerning this matte	_	
		YUNIOR LOPEZ BOZA		
			Name of Person	<u> </u>
		Y LOPEZ CLEANING S	ERVICE, LLC	~2
			Firm/Company	2022 DEC
		5990 South 38th Court		DEC 2
			Address	
		Greenacres, FL 33463		
		lopezyunior1986@gmail.ea	City/State and Zip Code	
			(to be used for future annual report not	ification)
nor furthe	r information c	oncerning this matter, please of	call:	
YUNIOR	LOPEZ BOZA		561 541-2235 at ( )	
	Name of	Person	Area Code Daytin	ne Telephone Number
Enclosed i	s a check for th	e following amount:		
■ \$25,00	) Filing Fee	□ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
R D P	Lailing Address egistration Solivision of Co O. Box 632° allahassee, F	ection orporations 7	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro	porations

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Y LOPEZ CLEANING SERVICE, LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) hability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 05/11/2021	and assigned
Florida document number 1.21000220225		
his amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		~3
Principal office address MUST BE A STREET ADDRESS)		2
•		
		20
Enter new mailing address, if applicable:		17
(Mailing address MAY BE A POST OFFICE BQX)		
		<u> </u>
B. If amending the registered agent and/or registered office a tigent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	address on our records, <u>enter th</u> Enter Florida street address	e name of the new regist
	. Flori	ida
	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.

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
MGR	LIAVET LORENZO ALFONSO	5990 South 38th Court	<b>=</b> Add
		Greenacres, FL. 33463	
			□Change
MGR	YANARA CAPOTE VERGARA	5990 South 38th Court	□Add
		Greenacres, FL. 33463	■Remove
			☐ Change
			□ Add  Rēmove
			<del>- 2</del>
			□ No Hange
			□Remove
			□Change
			©Remove
			☐Change
·			□Add
			□Remove
			□Change

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ective date, if other than the date of filing:	(optional) nnot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,02
e: If the date inserted in this block does not mee	t the applicable statutory filing requirements, this date will not be listed
ument's effective date on the Department of State	e's records.
cord specifies a delayed effective date, but not an cfiled.	effective time, at 12:01 a.m. on the earlier of; (b) The 90th day after the
December 13th and	2022
	20
	mber or authorized representative of a member
Signature of a men	nber or milhorized tenresentative of a member