## L21000 ZZ 5 135

(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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## **COVER LETTER**

Division of Co			
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SUBJECT: DCR Hom	e Solution Cleaning LLc	·	` 
	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Omayra Cruz Ramos		
		Name of Person	
	DCR Home Solution Clea	ning Ilc.	
		Firm/Company	
	850 Jenkins St.		
		Address	
	kissimmee FL. 34741		
		City/State and Zip Code	
	E-mail address: (	to be used for future annual report notifi	cation)
For further information of	concerning this matter, please c	all:	
Omayra Cruz Ramos		at () 4079229935	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 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 Addres	ss:	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

ny as it now appears on our records.) Liability Company)	<del></del>	
were filed on 05/14/2021	and assigned	
ility company here:		
ity Company," the designation "LLC" or the	abbreviation "L.L.C."	
850 Jenkins ST.		
Kissimmee, FL. 34741		
ddress on our records, enter the na	me of the new registe	
	丟	
	[~] [~]	
	•	
	P.H. F.	
Enter Florida street address		
Florida	9	
	dity company here:  ity Company," the designation "LLC" or the session services of the session services service	

## 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.

City

Zip Code

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person occur assessor removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
		<u> </u>	
			□ Add
			□Change
			□Remove
			Change
			□Remove
			Change
			□ Add
			□Remove
			□ Add
			□ Remove

email: ocrhomesolution	121@gmail.com					
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ctive date, if other the effective date is listed, the e: If the date inserted in the inserted in the ether of the estimate of	date must be specific an this block does not	meet the app	ior to date of mi licable statuto	ng or more than 9 ry filing require	(optional)  O days after filing ments, this date	e.) Pursuant to 605.0
cord specifies a delayed filed.	effective date, but no	ot an effective	e time, at 12:0	l a.m. on the ea	rlier of: (b) T	he 90th day after
ed <u>05/22/2021</u>		, OCR				
Qu.	ayra C	u	Bac	entative of a men	sher	

Typed or printed name of signee