## h21 000 227979

(;)

(Requestor's Name)  (Address)	7003700815	<b>1111</b>
(Address)  (City/State/Zip/Phone #)		
PICK-UP WAIT MAIL  (Business Entity Name)	07/23/2101015- <b>-</b> 098	<del>**</del> 25.00
(Document Number)	٠٠,	G)
Certified Copies Certificates of Status	;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;	;
Special Instructions to Filing Officer:	A II: 2u	ر
Office Use Only 5. C.		

## **COVER LETTER**

Division of Co				
SUBJECT:	CLEANING SERVICES LLC			
SUBJECT:	Name of Lin	nited Liability Company	<del></del>	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	SOL FIGUEROA			
		Name of Person		
	AMALIS CLEANING CO	OMPANY LLC		
		Firm/Company ·		
	152 CONQUEST AVE			
		Address		
	CRESTVIEW, FL 32536			
		City/State and Zip Code		
		VICES@GMAIL.COMSOL  to be used for future annual report notifi	intion)	
For further information	concerning this matter, please c		Katom	
SOL FIGUEROA		910 5848056	,	7.
Name o	of Person	at () Area Code Daytime	Telephone Number	<u>'</u> )
Enclosed is a check for t	the following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
<u>Mailing Addre</u> Registration		Street Address: Registration Sec	tion	
Division of C		Division of Corp		
P.O. Box 632	27	The Centre of Ta	allahassee	
Tallahassee,	FL 32314	2415 N. Monroe	Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		City	Zip Cod	r'
	N/A	, Florida 💆	W/2	
		Enter Florida street address	<del>=</del>	_7
New Registered Office Address:	N/A		<u>.</u>	<u>.</u>
Name of New Registered Agent:	N/A		<u>;                                    </u>	<del></del>
			,	•
B. If amending the registered agent and/or regent and/or the new registered office addres	egistered office : s here:	address on our records, enter the na	me of the n	<u>ew register</u>
		6.		
	<del></del>			
Mailing address MAY BE A POST OFFICE	BOX)			
Enter new mailing address, if applicable:		N/A		
Principal office address MUST BE A STREE	T ADDRESS)		· <del></del> · · -	<del></del>
Enter new principal offices address, if applicable:		N/A	<u>.                                    </u>	
The new name must be distinguishable and contain the w	ords "Limited Liabi	ility Company," the designation "LLC" or the	abbreviation '	L.L.C."
N/A				
A. If amending name, <u>enter the new name o</u>	f the limited liah	oility company here:		
This amendment is submitted to amend the following	owing:			
Florida document number <u>L21000227979</u>	<del></del> _			
The Articles of Organization for this Limited L		were filed on 17 MAY 2021	and a	ssigned
	(A Florida Limited	any as it now appears on our records.) Liability Company)		
(Name of the Limit				

## 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
AMBR	YAMIL DELVALLE	152 CONQUEST AVE CRESTVIEW FL 32536	🗆 Add
			Remove
			□ Change
			🗆 Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			`□Add
			Remove
			□Change
			🖸 Add
			Remove
			□Change
	<del></del>		□Add
			□Remove
			Change

	wth.	Kollow			<del></del>
_	<u></u>				
_					
		- \cus			
		3() (			
		<u> </u>	/	<del></del>	
_	Snic		YOU		
-	1100				
				<del></del>	
_					
_				<del> </del>	
	<del> </del>			· .	an
_		50U			(D
_					:
				rs .	•
		18 MAY 2021 at 1	201	<u>&gt;</u>	
If an effec	the date inserted in this block do	ecific and cannot be prior to date of	(option of filing or more than 90 days after fil atutory filing requirements, this d	ing.) Purduant to 605.	.0207 (3) ed as the
Note: If document the record	specifies a delayed effective date.	:, but not an effective time, at	12:01 a.m. on the earlier of: (b)	The 90th day after	the
Note: If document the record and is filed	specifies a delayed effective date.			The 90th day after	the
Note: If document the record and is filed	specifies a delayed effective date.			The 90th day after	the

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Filing Fee: \$25.00