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(Requestor's Name)
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COVER LETTER

Registration Section Division of Corporations

ECT:	Name of Lim	INE Home Cleans ited Liability Company	ing Service, LLC
nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
e return all correspo	ondence concerning this matter	to the following:	
	<u>V</u> é	Name of Person	
		+ TT SHINE' H Firm/Company	ome cleaning Service, LLC
	11684	SW 715+ Circle	<u>e </u>
	OCA1	City/State and Zip Code	
	Versiche E-mail address: (lejc 3 day @ outlook to be used for future annual report notif	fication)
	concerning this matter, please c		
Name o	Versichele of Person	at (352) 85 Area Code Daytime	7-6080 c Telephone Number
closed 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 Address:

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

Street Address:

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

(Name of the Limited Liability Compan (A Florida Limited Li	ome cleaning Sen	rice, LLC	2
(Name of the Limited Liability Compan (A Florida Limited L	<u>ly as it now appears on our i</u> ability Company)	records:) ' '	<u> </u>
Articles of Organization for this Limited Liability Company	were filed on <u>may</u> 1	8, 2021	and assigned
da document number		•	
amendment is submitted to amend the following:			
f amending name, enter the new name of the limited liabil	lity company here:		
w name must be distinguishable and contain the words "Limited Liabili			
ew name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation	"LLC" or the a	bbreviation "L.L.C."
er new principal offices address, if applicable:	-		
ncipal office address MUST BE A STREET ADDRESS)	N/A		
er new mailing address, if applicable: iling address MAY BE A POST OFFICE BOX)	N/A		
f amending the registered agent and/or registered office a at and/or the new registered office address here:	ddress on our records, g	enter the nan	ne of the new registered
Name of New Registered Agent: VERA	VERSICHELE		
New Registered Office Address: //	684 SW 7157 Enter Florida street	CIRCLE	<u> </u>
	Enter Florida street	address	
	OCALA City:	_, Florida	34476
	City·		Zip Code

w Registered Agent's Signature, if changing Registered Agent:

sereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and cept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability mpany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

<u>Nai</u>	<u>me</u>		Address SEC 13 All 7: 12	Type of Ac
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e date, if	other than the	e date of filing:		···	(optional	
		ist be specific and cannot lock does not meet the				
it's effect	ive date on the D	Department of State's r	ecords.			
specifies : 1.	a delayed effectiv	ve date, but not an effe	ective time, at 12	:01 a.m. on the ear	rlier of: (b) T	he 90th day after the
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	2	Versichele	<u></u> ·			
	Vera	~ mychere				
		Signature of a member VE 25 CA	or authorized repr	esentative of a mem	ber	
		•				