## LZ1000229919

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## **COVER LETTER**

TO:	Registration Se Division of Cor		,	; ×	
SUBJE		CLEANING SERVICES LLC			
SUBJE	.C1:	Name of Lim	ited Liability Company		
		Amendment and fee(s) are sub			
	•	JESSICA PONCE-MILLA			
		***************************************	Name of Person		
			Firm/Company		
		444 SUMMER SAILS DR			
VALRICO, FLOR			Address 594		
		JJhousecleaningservices555	City/State and Zip Code @gmail.com		
		E-mail address: (	to be used for future annual report not	ification)	
For fun	ther information c	oncerning this matter, please ca	all:		2
JESSICA PONCE-MILLAN		813 750-4630 at ()	·	2021 JUR	
	Name o	f Person	Area Code Daytin	ne Telephone Number	₩-9
Enclose	ed is a check for th	he following amount:			·
<b>≡</b> \$2:	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status & 🚫 💮

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

JJ HOUSE CLEANING SERVICES LLC.		
(Name of the Limited Liability Comps (A Florida Limited	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 4/7/2021	and assigned
Florida document number L.21000229919		
This 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 Liabi	lity Company," the designation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
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, enter the nan	ie of the new registe
igent and/or the new registered office address here.		
Name of New Registered Agent:		
Name of New Neglinered Agent.	A STATE OF THE STA	-0
New Registered Office Address:	Enter Florida street address	ξ.ζ .
	, Florida 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 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>	Name	Address	Type of Action
MGR	JESSICA PONCE-MILLAN	444 SUMMER SAILS DR. VALRICO FL 33594	□Add
			Remove
AMBR	JESSICA PONCE-MILLAN	444 SUMMER SAILS DR. VALRICO FL 33594	■Add
			□Remove
			□Change
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ffective date, if other than the an effective date is listed, the date mu lote: If the date inserted in this bocument's effective date on the E	st be specific and ca lock does not med	annot be prior et the applic	able statutor	ig or more than	(option 90 days after fill rements, this d	ng.) Pursuant ti	o 605.0207 ( e listed as tl
record specifies a delayed effective is filed.	re date, but not ar	ı effective ti	me, at 12:01	a.m. on the o	earlier of: (b)	The 90th day	after the
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ated							
ated	Signature of a me	LANCA mber or author	Pmu prized represe	ntative of a me	mber		_

Filing Fee: \$25.00