## 121000137673

(Req	uestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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T. MATTHEWS FEB 17 2022

## **COVER LETTER**

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CHDIECT.	SPIC 'N SP	AN CLEANING NAPLES LL	С	
SUBJECT:		Name of Lim	ited Liability Company	
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retur	n all correspo	ndence concerning this matter	to the following:	
		Yelina L. Mora		
			Name of Person	
			Firm/Company	·
		2271 55th Terrace SW		
			Address	
Naples Florida 34116				
		dayronmora1989@gmail.co	City/State and Zip Code	
		E-mail address: (	to be used for future annual repo	rt notification)
For further i	information c	oncerning this matter, please ca	all:	
Dayron J. N	Jora		239 285-44 at ()	03
	Name o	f Person	Area Code E	Daytime Telephone Number
Enclosed is	a check for th	ne following amount:		
■ \$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	ailing Addres		Street Addre Registratio	
Registration Section Division of Corporations		Division o	f Corporations	
P.O. Box 6327		The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

22 FEE -7 FH 12: 25

SPIC 'N SPAN CLEANING NAPLES LLC	
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000237673</u>	were filed on 05/21/2021 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	oility company here:
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "L.L.C." or the abbreviation "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 name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida

## 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.

Citv

Zip Code

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	Yelina L. Mora	2271 55th Terrace SW, Naples FL 34116	■Add
			□Remove
			☐ Change
AMBR Lilian Gato	Lilian Gato	1875 51st Terrace SW, Naples FL 34116	■Add
			□Remove
			□ Change
			□Add
			□Remove
		<del> </del>	□Change
			🗆 Add
		Remove	
			□Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			□Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	ive date, if other than the date of filing:
f the recor record is fi	d 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 led.
Dated	
	Signature of a member or authorized representative of a member
	Dayron J. Mora
	Typed or printed name of signee