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COVER LETTER

COVER LETTER
TO: Registration Section Division of Corporations
·
SUBJECT: PNW Clerning Services Namoof Limited Liability Company
Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Paola Harmol Name of Person
In m Cleaning Servies Firm Company
8317 Navicoussee Rd apt 4302
Orlando, Florida
Orlando, Florida City/State and Zip Code Princleaning Services 01 @ gmail. Com. Primar mol or @gmail. Con E-mail address: (to be used for future amoual report notification)
For further information concerning this matter, please call:
Padk Marmol at (917) 226-7611 Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, 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

PNM CLEANING SERVICES (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on MAY 21 2021 _____ and assigned Florida document number 1.21000238229 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

, Florida

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
MGR	PAOLA MARMOL	8317 NARCOOSSEE RD	≣ Add
			□Remove
			Change
MGR	JEIFRI BELTRE	8317 NARCOOSSEE RD	
			Remove
			Change
AMBR	JEIFRI BELTRE	8317 NARCOOSSEE RD	<u></u> S ∧dd
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ctive date, if other than the date of filing:			_ (optional)	
effective date is listed, the date must be specific and cannot : If the date inserted in this block does not meet the	e applicable stati	filing or more than 90 itory filing requirem	days after filing.) Pu ents, this date wil	rsuant to 605.01 I not be listed
ment's effective date on the Department of State's	records.			
ord specifies a delayed effective date, but not an effe	ective time, at 11	2:01 a.m. on the earli	ier of: (b) The 90	Oth day after t
filed.			, ,	•
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Signature of a member				