L21000240374

(Re	equestor's Name)	
(Ad	idress)	
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PICK-UP	☐ WAIT	MAIL.
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(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
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A. BUTLER MAR 1 - 2022

COVER LETTER

Div	ision of Cor	porations	, '-	
SUBJECT:	Rochelle's	Cleaning Services LLC	general and the second	
		Name of Lim	ited Liability Company	
The enclosed	f Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		Tiffany Turner		
			Name of Person	
		Rochelle's Cleaning Service	es LLC	
			Firm/Company	
		852 NW 171st Terr		
			Address	
		Miami Fl 33169		
		D	City/State and Zip Code	
		Rocturner305@gmail.com E-mail_address: ()	to be used for future annual report no	ntification)
For further in	nformation c	oncerning this matter, please co	all:	
Tiffany Turr	ier		786 280-2019	
	Name o	f Person	at () Area Code Dayti	me Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 H		☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60,00 Fiting Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	iling Addres gistration S		Street Address; Registration S	ection
Div	ision of C	orporations	Division of Co	orporations
			The Courses of	T.11.1

P.O. Box 6327 Tallahassee, FL 32314

Registration Section

TO:

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF —

FILED

Rochelle's Cleaning Services LLC (Name of the Limited Liability Company as it now appears to be records.) (A Florida Limited Liability Company) SECRETARY OF STATE The Articles of Organization for this Limited Liability Company were filed on 05/24/2011 AFLASSEE, FL and assigned Florida document number [L21000240374] This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: N/A (Principal office address MUST BE A STREET ADDRESS) N/A 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: N/A Name of New Registered Agent: N/A 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.

Cin

If Changing Registered Agent, Signature of New Registered Agent

_____, 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
Ambr	Tiffany Turner	852 NW 171st Terr Miami, FL 33169	= Add
			□Remove
			Change
			□Add
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	N/A
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(If an ef Note:	tive date, if other than the date of filing:
ord is f	
Dated	February 15 2011 Signature of Amyriber or authorized representative of a member
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	Tuper Lyon
	Signature of Amymber or authorized representative of a member

Filing Fee: \$25.00