## L21000245419

(Re	questor's Name)	
- (Adv	dress)	
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(Cit	y/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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## COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: King	OF Clean Jane of Limi	ntonal Service	es, LLC
	Amendment and fee(s) are sub	Ü	
Please return all correspor	ndence concerning this matter	to the following:	
	Leardro	Prieto Name of Person	
	King of Clfau	n Lantorica Ser Firm/Company	vices_
	5961 Fores	+ Hill Blvd, Ap	t. 203
	west Palm	N Beach, FL 33 City/State and Zip Code	3415
		anitorialle @a	
For further information co	ncerning this matter, please ca	di:	
Leandro Name of	Prieto	at ( <u>S(O)</u> ) <u>788-40</u> Area Code Daytime Te	215 elephone Number
Enclosed is a check for the	e following amount:		
S25.00 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)
Mailinn Adding		Stanos Adda	

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

King of Clean Janitorial Services, LLC
(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 $5/$	3-16/2021 and assigned
Florida document number <u>L21000 245419</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the design	nation "LLC" 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 a agent and/or the new registered office address here:	ddress on our recoi	ds, enter the name of the new registered
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	<del></del>
New Registered Office Address:	Enter Florida s	to me und have
·	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	C.,,	7,4
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as packed being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my rovided for in Chap	duties, and I am familiar with and oter 605, F.S. Or, if this document is

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	Leandro Prieto	59161 Forest Hill Blyd	5/Add
		Apt. 203, West Palm	ElRemove
		Beach, FL 33415	[] Change
			□Add
			□Remove
			El Change
			EJAdd
			□Remove
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fective date, if othe in effective date is listed, ote: If the date inserti- icument's effective da	ed in this block does	s not meet the appl	licable statutory	g or more than 90 day filing requiremen	(optional) ys after filing.) Pursuar its, this date will not	nt to 605.0207 be listed as
record specifies a dela	yed effective date, b	out not an effective	time, at 12:01	a.m. on the earlier	of: (b) The 90th d	ay after the
is filed.						
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	St-4	202	Ihorized represen	STATE OF a member	Scuta	

Filing Fee: \$25.00