121000248119

(Requestor's Name))
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PICK-UP	☐ WAIT	MAIL.
(Bu	siness Entity Na	me)
(Do	cument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
		10/5/21
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Office Use Only



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21 SEF 27 PH 12: 12

COVER LETTER

ro:	Registration Sec Division of Corp			
		Y TOUCH HOME CLEANING	G LLC	
SUBJE	_			
The end	closed Articles of a	Amendment and fee(s) are subt	mitted for filing.	
Please i	return all correspo	ndence concerning this matter t	to the following:	
		LOVETTE DOBSON		
			Name of Person	
			Firm/Company	
		17350 STATE HWY 249,	¥220	
			Address	
		HOUSTON, TX, 77064		
		<u> </u>	City/State and Zip Code	
		EFILE1234@INCFILE.CO		
		E-mail address: (t	o be used for future annual report notifi	cation)
For fur	ther information co	oncerning this matter, please ca	ill:	
LOVE	TTE DOBSON		888 462-3453	Telephone Number
	Name of	f Person	Area Code Daytime	Telephone Number
Enclose	ed is a check for th	ne following amount:		
■ \$2:	5.00 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)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HEAVENLY TOUCH HOME CLEANING LLC

21 SEF 27 PH 12: 12

(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 Florida document number 05/27/2021	were filed on L21000248119 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	i <u>lity company here</u> :
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	14 E Washington Street Suite 200
	Orlando, Florida 32801
Enter new mailing address, if applicable:	14 E Washington Street Suite 200
(Mailing address MAY BE A POST OFFICE BOX)	Orlando, Florida 32801
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	Enter Florida street address
·	, 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 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 21 SEF 27 PH 12: 12

<u>Title</u>	Name	Address	Type of Action
AMBR	Fanny Delgado	14 E Washington Street Suite 200	
		Orlando, Florida 32801	Remove
			⊟ Change
			□Add
			□Remove
			□ Change
			□Add
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Effective date, if other than the date of filing: (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t document's effective date on the Department of State's records.		
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