## 121000248828

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



600373049166

09/16/21--01004--018 \*\*25.08

2021 SEP 16 PM 4: 09
SECRETARY OF STATE

1200

## **COVER LETTER**

TO: Registration S  Division of Co			
MOSES A	LICEA CLEANING SERVICE	ELLC	٠. ،
SUBJECT:			
	Name of Lin	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sul	omitted for filing.	
	ondence concerning this matter	<b>U</b>	
	MOSES ALICEA		
		Name of Person	
	MOSES ALICEA CLEAN	IING SERVICE LLC	
	12128 SHADOWBROOK	Firm/Company LANE	2021 SE SECRE
		Address	
	ORLANDO, FL 32828	Address	2021 SEP 16 PM 4: 09 SECRETARY OF STATE TALLAHASSEE, FI.
	MOJOMA25@GMAIL.CO	City/State and Zip Code	TATE .FT.
		to be used for future annual report notif	lication)
For further information of MOSES ALICEA	concerning this matter, please c	all: 407 929-1666	
WOODS ALICEA		at ( )	
Name o	of Person		e Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 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 Addres Registration		Street Address: Registration Sec	ction
Division of C	Corporations	Division of Corp	porations
P.O. Box 632 Tallahassee. i		The Centre of T	
rananassee.	L D J2J14	Z413 N. MONTO	Street, Suite 810

Tallahassee. FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MOSES ALICEA CLEANING SERVICE LLC (Name of the Limited Liability Com (A Florida Limite	npany as it now appears on our a	records.)
The Articles of Organization for this Limited Liability Company were filed on		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
MOISES ALICEA CLEANING SERVICE LLC		
The new name must be distinguishable and contain the words "Limited Lie	ability Company," the designation	"LLC" or the abbreyiation "L.L.C."
Enter new principal offices address, if applicable:	<del>_</del>	DZI \$
(Principal office address MUST BE A STREET ADDRESS)		>
		<u> </u>
		SEP PR
Enter new mailing address, if applicable:		ESTA F:
(Mailing address MAY BE A POST OFFICE BOX)		3. 1. 1.
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:  Name of New Registered Agent:	e address on our records, <u>e</u>	enter the name of the new regis
New Registered Office Address:	Enter Florida street a	address
	value value di CCI di	
	Citv	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agen	•	zip Code

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 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	MOISES ALICEA	12128 SHADOWBROOK LANE, ORLANDO, FL32828	J.
<del></del>	· · · · · · · · · · · · · · · · · · ·		KAdd
			□Remove
			□Change
AMBR	MOISES ALICEA	12128 SHADOWBROOK LANE, ORLANDO, FL 32828	<b>V</b> T A dd
			\DAdd
			□Remove
		<del></del>	□Change
<u> </u>			□Add
		SEC PAC	Remove
		ETAR CATE	ST Change
		TAR OF STA	P M
		ATE	□ Add □ □ Remove
			□Change
		······································	□Add
			□Remove
			□ Change
			□Add
			🗆 Remove
			□Change

	<u></u>					
	, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,		<del></del>		<u> </u>	
	<del></del>			<del> </del>	<del></del> .	
		<u> </u>	<del></del>			
		<del> </del>	<del></del>			
			<del></del>		· · · · · · · · · · · · · · · · · · ·	
	····				· <del></del> · · · · · · · · · · · · · · · · · ·	
				Ø	· ~	
				HCRE HALL	121	
					SEP -	7
				A III	6	=======================================
				335:5	RIT	7
				71 <del>7</del>	+ 0	J
				177	9	
ctive date, if other than the date of effective date is listed, the date must be spected in this block does ment's effective date on the Department.	cific and cannot be prior t is not meet the applica	o date of filing or mor	(opti c than 90 days afte requirements, thi	r filing.) Po	ursuant to 605 Il not be liste	i.02/ ed :
ord specifies a delayed effective date, l filed.	out not an effective tir	ne, at 12:01 a.m. on	the earlier of: (t	o) The 9	0th day afte	r th
SEPTEMBER 8	2021					
· · · · · · · · · · · · · · · · · · ·	1					
Signatu	re of a member or author	rized representative o	a member			