h21000256507

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COVER LETTER

Cleaning Q	ueenz LLC	,	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Sherrel Frazier		
		Name of Person	
	Cleaning Queenz LLC		
		Firm/Company	
	675 NW 22nd Rd		
		Address	
	Fort Lauderdale, FL 33331	1	
	-	City/State and Zip Code	
	sherrelfrazier@gmail.com		
		to be used for future annual report notifi	ication)
For further information c	oncerning this matter, please c	all:	
Sherrel Frazier		954 8683891	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	ne 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	·«·	Street Address:	

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

Cleaning Queenz 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 June 2nd, 2021 Florida document number 1.21000256507	and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
SRS Cleaning LLC	
he 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:	
Principal office address MUST BE A STREET ADDRESS)	
Anter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered office address on our records, enter the gent and/or the new registered office address here:	he name of the new regi
Name of New Registered Agent:	
New Registered Office Address:	7-1
Enter Florida street address	:
Flor	
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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			Change
			
			□Remove
			□Change
			□Add
			□Remove
		AINV	Change
		 	□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change

(If an et Note:	tive date, if other than the date of filing:
he reco ord is f	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
Dated	8/10 2021
	Signature of a member or authorized representative of a member
	Sherrel Frazier
	Typed or printed name of signee