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SECRETARY OF STATE

COVER LETTER

	Registration Sc Division of Cor						
SHD IEC	DAINY'S O	CLEANING SERVICES, LLC					
SUBJEC	I; <u></u>	Name of Lin	nited Liability Company				
The enclo	sed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please ret	urn all correspo	ondence concerning this matter	to the following:	,			
		OSVALDO CASTANEIR	Α				
			Name of Person				
		DAINY'S CLEANING SE	ERVICES LLC				
			Firm/Company	·			
		1255 W OKEECHOBEE	RÐ APT 9				
			Address				
		HIALEAH FL 33010					
			City/State and Zip Code				
		dainyscleaningservice@gm					
For furthe	r information c	ti-mail address: (oncerning this matter, please c	to be used for future annual report no all:	tification)			
OSVALE	O CASTANEI	RA	786 344-6190				
	Name of Person			me Telephone Number			
Enclosed	is a check for th	ne following amount:					
■ \$25.0	0 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			Street Address: Registration Se	ection			
Division of Corporations			Registration Section Division of Corporations				
	O. Box 632		The Centre of				
1	Fallahassee, I	*L 32314	2415 N. Monro	be Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DAINY'S CLEANING 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 06/24/2021 Florida document number <u>L21000261487</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbrev 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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: 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.

City

, 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
P	OSVADLO CASTANEIRA		🗆 Add
		1255 W OKEECHOBEE RD APT HIALEAH FL 330	01 ≡ Remove
			□Change
AMBR	BRIAN J HERNANDEZ LAZO	1255 W OKEECHOBEE RD APT THALEAH FL 33	() ∃ Add
			□Remove
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			□Remove
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record spe is filed.	ecifies a delayed	l effective date, b	ut not an	effective t	ime, at 12:0	l a.m. on the	earlier of: (b)	The 90th da	y after the
ned <u>5</u>	plembe	1- 09	1	2021	<u>!</u> .				
-		Sharin	e of a men	ber or author	orized represe	entative of a me	mber		_