421000276319

(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: -MISSING PORTIONS OF the principal, mailing, and officer address were added.
NIC3ACC

Office Use Only



100395094001

09/30/22--01012--016 **55.00

SECRETARY OF STATE
SECRETARY OF



COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Immoculate Cleaning Expert, LIC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jetja Hammonds Name of Person
Immoculate Cleaning Expert, LLC
750 S Parramore Ave Apt 1311
Orlando Florida 32805 City/State and Zip Code City/State and Zip Code E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Detia Hammonds at (352) 321 9692 Area Code Daytime Telephone Number
Enclosed is a check for the following amount: □ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status 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 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

	Q EXPEYT. LC npany as it now appears on our reco ed Liability Company)	<u>rds.</u>)
The Articles of Organization for this Limited Liability Compa Florida document number <u>21000276319</u> .	iny were filed on UNE L	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
Two Weathy Women The new name must be distinguishable and contain the words "Limited Lie	ability Company," the designation "LI	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (<i>Principal office address MUST BE A STREET ADDRESS</i>)	2875 S Or Suite 500 Driando, FL	ange Ave #6207 32806
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2875 S Oro Suite 500 Drlando, E	ange Ave. # 6207 L 32800
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	ce address on our records, <u>ent</u> c	er the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addi	CNN
		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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Kadeijah Walker	28755 Orange Ave	ZAdd
	-	Suite 500 # 6207	
		Orlando, FL 32801	∠ □Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
		· .	□Remove
			□Change

D. If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
_	
_	
_	
_	
_	·
-	
_	
_	
_	
_	
-	
-	
_	
Note:	ve date, if other than the date of filing:
If the recor- record is fil	d 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 ed.
Dated	September 18 . 2022.
	Signature of a member or authorized representative of a member
	Jetia Hammonds Typed or printed name of signee