## L21000302643

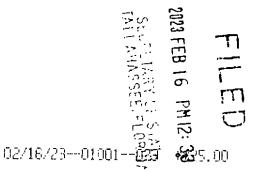
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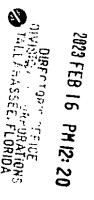
Office Use Only

A. RIVERS FEB 1 6 2023



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January 27, 2023

NELSY QUINTERO 451 GREENWOOD LN. KISSIMMEE, FL 34746

SUBJECT: SPRINGS CLEANING SERVICES LLC

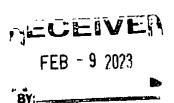
Ref. Number: L21000302643

We have received your document for SPRINGS CLEANING SERVICES LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

If you have any questions concerning the filing of your document, please calk (850) 245-6050.

Alecia Rivers Regulatory Specialist II

Letter Number: 123A00002041



## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SPRINGS 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 07/01/2021 and assigned Florida document number <u>L21000302643</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: MARKSMEN MULTISERVICE LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 451 GREENWOOD LN Enter new principal offices address, if applicable: KISSIMMEE, FL 34746 (Principal office address MUST BE A STREET ADDRESS) 451 GREENWOOD LN Enter new mailing address, if applicable: KISSIMMEE, FL 34746 (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

If Changing Registered Agent, Signature of New Registered Agent

, Florida

Zip Code

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
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the recor	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 led.
Dated	OCTOBER 27TH 2022
	Signature of a member or authorized representative of a member
	NELSY QUINTERO  Typed or printed name of signee