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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

TO:

Registration Section

| Divisi | ion of Cor | porations | | |
|-------------------|---------------|--|--|--|
| | _ | | | |
| SUBJECT: <u>∤</u> | <u> </u> | 1. Cleaning Se Name of Lin | rvices LLC | |
| | | Nam © of Lin | nited Liability Company | |
| | | | | |
| The enclosed A | Articles of . | Amendment and fee(s) are sub | omitted for filing | |
| | | | | |
| r reuse return a | n correspo | ndence concerning this matter | to the following: | |
| | | | | |
| | | David Villa | avicencio \$ 1 | <u> Jauren Frentes</u> |
| | | | Name of Person | |
| | | KAN CI- | Section Sections | |
| | | K.A.M. Cico | Prim/Company | s uc |
| | | | | |
| | | 10636 Gara | ly Boulevard | 1 North Lot#3 |
| | | | Address | |
| | | Sound Polarel | - 51 3274 | |
| | | Saint Petersb | City/State and Zip Code | <u> </u> |
| | | | | |
| | | E-mail address: (| ren Camail. to be used for diture annual | report notification) |
| For further info | rmation co | ncerning this matter, please co | all: | |
| | | | | |
| David | <u>Villa</u> | <u>ricenció</u> | at (727) | 687-9275 Daytime Telephone Number |
| Mauren | Name of | Person | Area Code | Daytime Telephone Number |
| i (acai cy) | roem | <i>x C S</i> | (727) | 687-0567 |
| Enclosed is a ch | eck for the | following amount: | | |
| | | | | |
| □ \$25.00 Filir | ig ree | \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy | sss |
| | | | (additional copy is enc | Certificate of Status & Certified Copy |
| | | | | (additional copy is enclosed) |
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| Mailine | g Address: | | | |
| | tration Sc | | Street Ad Registra | Idress: ation Section |
| | | rporations | | of Corporations |
| | 3ox 6327 | | | ntre of Tallahassee |
| Tallah | assee, FI | . 32314 | | Monroe Street, Suita 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

| Name of the Lin | LMING Ser | vices LLC | | | |
|---|------------------|---|-------------------------|--|-------------|
| (traine of the fall | (A Florida Limi | mpany as it now appeated Liability Company) | irs on our records.) | | |
| The Articles of Organization for this Limited Florida document number <u>L2100030</u> | Liability Comp. | any were filed on $\sqrt{2}$ | vly 200 ,2021 | and assig | ned |
| This amendment is submitted to amend the following | llowing: | | | | |
| A. If amending name, enter the new name | of the limited I | <u>iability company h</u> | <u>ere</u> : | | |
| The new name must be distinguishable and contain the | words "Limited L | ability Company." the c | designation "LLC" or tl | ne abbreviation "L.L.(| |
| Enter new principal offices address, if appli | | | | | |
| (Principal office address MUST BE A STRE. | | | | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE | <u> </u> | | | ECHETARY OF S | |
| B. If amending the registered agent and/or agent and/or the new registered office addre | registered offic | e address on our r | | 1 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 | egistere |
| Name of New Registered Agent: | David | Villavicenci | c | | <u> </u> |
| New Registered Office Address: | <u>10636.</u> | Gardy Bou | stevard Nort | de 10t#3 | |
| | saint 1 | Petersburg | Florida | 33702 Vin Codo | |
| New Registered Agent's Signature, if changing I | | | | rspr Code | |

Δ

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> | <u>Name</u> | Address | Type of Action |
|--------------|---------------------|--|-------------------------------|
| MGR | Mauren Frentes | 10636 Bandy Boulevard N Saint petersburg, FL 33702 | .ቲ #3 X IAdd |
| | | —————————————————————————————————————— | □Remove |
| | | | □Change |
| MGR_ | David Vellavicencio | 10636 Gardy Bastevard N | × Add |
| | | 10636 Gardy Barreward N 104# 3 Saint Petersburg Fr 33702 00 ARR ARR ARR ARR ARR ARR ARR ARR ARR | Remove |
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| Effective date, if other tha | an the date of filing | a. | | (() 15 | | |
| | late must be specific and | cannot be prior to date | e of filing or more than 90 c | _ (optionar) ays after filing.) Pr | ursuant to 605 | .0207 |
| If an effective date is listed, the a Note: If the date inserted in | - db - 12 | state's records | tatatory trung requireme | ins, this date wi | ii not de fisit | ed as |
| ivote. If the date inserted in | the Department of S | | | | | |
| document's effective date or record specifies a delayed e | | | 12:01 a.m. on the earlie | er of: (b) The 9 | 0th day after | r the |
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