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COVER LETTER

Registration Section

Division of Corporations

TO:

	S CLEANING & PRESSURE	WASHING LLC	•		
SUBJECT:	Name of Lim	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	CRYSTAL CAYON				
	·	Name of Person			
	SPOTLESS CLEANING	& PRESSURE WASHING LLC	<u> </u>		
		Firm/Company			
	4964 SW 12TH ST				
		Address			
	FORT LAUDERDALE, FL 33317				
	<u> </u>	City/State and Zip Code			
	cayoncrystal@yahoo.com				
	E-mail address: (to be used for future annual report i	notification)		
For further information of	oncerning this matter, please c	all:			
CRYSTAL CAYON		305 409-6653			
Name o	f Person	Area Code Day	time 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)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Address Registration S Division of C P.O. Box 632 Tallahassee,	Section Corporations 17	·	Section Corporations f Tallahassee proe Street, Suite 810		

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

FILED

SPOTLESS CLEANING & PRESSURE WASHING LLC

2022 APR 26 AM 10: 21

(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)	SECRETARY OF STATE
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000306078</u>	were filed on <u>07/02/2021</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
SPOTLESS CLEANING & NOTARY SERVICES LLC		
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	4640 SW 33RD AVE APT 2	
(Principal office address MUST BE A STREET ADDRESS)	FORT LAUDERDALE	
12 Principal Office and convincent and an arrangement	FLORIDA 33312	
Enter new mailing address, if applicable:	4640 SW 33RD AVE APT 2	
(Mailing address MAY BE A POST OFFICE BOX)	FORT LAUDERDALE	
(Mulling dearths MIT BE III 001 011102 DOM)	FLORIDA 33312	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	address on our records, enter the	name of the new registere
New Registered Office Address.	Enter Florida street address	
	, Florid	la
	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 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 addec or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u> </u>			□Add
			□Remove
			□Remove
			□Change
			□ Remove
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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to ote: If the date inserted in this block does not meet the applicable ocument's effective date on the Department of State's records.	date of filing or more than 90 dele statutory filing requirement	_ (optional) ays after filing.) Pursuant to 605.0207 ents, this date will not be listed as
record specifies a delayed effective date, but not an effective tim is filed.	e, at 12:01 a.m. on the earlie	er of: (b) The 90th day after the
ated APRIL 19		
uncu	- ·	
Signatura (64 mamber or puthor)	zed representative of a member	·

Typed or printed name of signee

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