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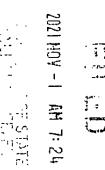
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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A. BUTLER NOV 1 5 2021

COVER LETTER

	gistration Se vision of Cor			
SUBJECT:		NERAL CLEANING AND SEI	RVICES LLC	
SUBJECT.	'	Name of Limi	ted Liability Company	
The enclose	ed Articles of .	Amendment and fee(s) are sub	nitted for filing.	
Please retur	n all correspo	ndence concerning this matter t	o the following:	
		ARACELIS CACHELA		
			Name of Person	
		ATAIS AGENCY INC		
			Firm/Company	
		8358 W OAKLAND PARI	K BLVD STE 102	
			Address	
		SUNRISE, FLORIDA 333	51 .	
			City/State and Zip Code	
		INFO@ATAISAGENCY.C	OM o be used for future annual report notific	and and
For further i	information co	oncerning this matter, please ca	·	auon)
JOSE DAN	IILO VALER	A	954 817-3373	
	Name of	f Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	e following amount:		
□ \$25.00	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
	ailing Address		<u>Street Address:</u> Registration Sect	ion

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FOUR GENERAL CLEANING AND SERVICES LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

4H 7: 24 The Articles of Organization for this Limited Liability Company were filed on 7/19/2021 37 STAT and assigned Florida document number _____L2100327734 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 abbreviation "LLC." 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.

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>	Name	Address	Type of Action
AMBR	CARLOS BUELVAS	12525 SW 7TH COURT DAVIE. FL 33325	□ Add
			=Remove
			□Change
			□Add
			□Remove
			Change
		□Add	
		□Remove	
			Change
			🗆 Add
			□Remove
			□ Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			Change

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in effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 of the content of the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as cument's effective date on the Department of State's records. The ecord 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 is filed.	ffecti	ve date, if other than the date of filing: (optional)
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Signally of a member or authorized representative of a member		$\sim \left(\frac{1}{2} \right) \left(\frac{1}{2} \right)$
7-11		Signature of a member or authorized representative of a member
		7-11

Filing Fee: \$25.00