L21000330178

(Re	equestor's Name)	
(Ad	ddress)	
(A	ddress)	, .= .
(C	ity/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Nar	ne)
(D	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



500370368815

--1-2

COVER LETTER

то:	Registration Se- Division of Cor			
24.5		CAMI CLEANING	LLC	
SUBJI	ECT:	Name of Lim	nited Liability Company	
The en	closed Articles of a	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		MARI	ANELLA G WORMALD	
			Name of Person	
		C	CAMI CLEANING LLC	status &
			Firm/Company	
		3049 CA	YMAN WAY	
			Address	
		ORLANDO	D. FLORIDA 32812	0.00 Filing Fee, ortificate of Status & rtified Copy ditional copy is enclosed)
			City/State and Zip Code	
		amely_mena@hoti		
		·	to be used for future annual report notification)	
For fur	ther information co	oncerning this matter, please c	all:	
М	ARIANELLA G. V	WORMALD	321 948-7297 at ()	
_	Name of	Person	at () Area Code Daytime Telephone Number	
Enclos	ed is a check for th	e following amount:		
≡ \$2	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified Copy	
	Mailing Address Registration S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7	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

CAMI CLEANING LLC		
(<u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appears on our records.) la Limited Liability Company)	
The Articles of Organization for this Limited Liability (Company were filed on JULY 20, 2021	and assigned
Florida document number L21000330178	<u></u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lir	mited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	RESS)	<u></u>
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records, <u>enter the na</u>	me of the new regist
Name of New Registered Agent:		
None Designated A CCC on Addresses		
New Registered Office Address:	Enter Florida street address	(-)
	, 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>	Name	Address	Type of Action
MGR	MARIA L VECCO	111 Bexley Dr. Davenport, FL 33897	□Add
			≣Remove
			□Change
			□ Add
			□Remove
			Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Add
			□Remove

 								
		<u> </u>			-			
	·							···
						<u> </u>		
			· · · · · ·					
				- -				
					 			
						<u> </u>		
					···-	_		
					· -			
-						-	_	
	_							
								
		<u> </u>			<u>.</u>			
ective date	if other tha	n the date of f	filino:			(opti	onal)	
effective da	e is listed, the da	ate must be specifi this block does	ic and cannot be	prior to date of t	iling or more th	ian 90 days afte	r filing.) Pursuar	it to 605.020 he listed a
		the Department			,			
cord speciti s tiled.	es a delayed ef	ffective date, bu	t not an effecti	ve time, at 12:	01 a,m. on th	e earlier of: (l	o) The 90th d	ay after the
ed	JUI	LY 27	2021	·				
		1		0	- Ku	,		
	(eu ~		authorized repre		·		
		Signature	or a member or	ammorizea repre	SCHIAINE OF A	memmer		