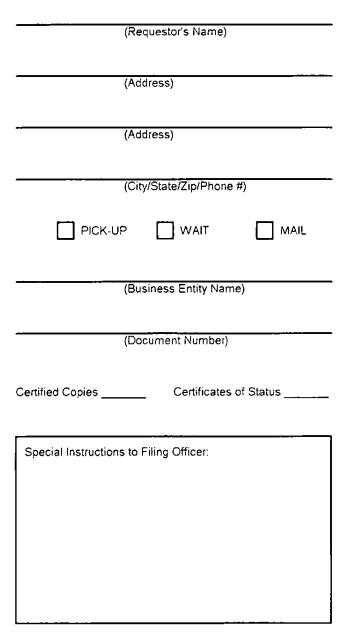
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Office Use Only



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## **COVER LETTER**

	gistration Se ision of Cor					
SUBJECT:		rreela Gomez Investment LLC				
SOBJECT:		Name of Lim	nited Liability Company			
The enclosed	d Articles of a	Amendment and fee(s) are sub	omitted for filing.			
Please return	i all correspo	ndence concerning this matter	to the following:			
		Claudia M Gomez				
			Name of Person			
		Marcela Gomez Investmen	nt LLC			
			Firm Company			
		321 Lakeview dr apt 204				
			Address			
	Weston Fl 33326					
			City/State and Zip Code			
For further i	nformation co	iz-mail address: i oncerning this matter, please e				
Claudia M C	iomez		954 6996596			
	Name of	Person	Area Code Daytime Telephone Number			
Enclosed is	a check for th	e following amount:				
<b>■</b> \$25.00	Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)			
<u>Mailing Address:</u> Registration Section			Street Address: Registration Section			
Division of Corporations			Division of Corporations			
Enclosed is  S25.00  Ma Re Di P.0	Name of Name of a check for the Filing Fee silling Address or gistration S	Weston Fl 33326  claudiamarcelagomez@hoto  E-mail address: ( oncerning this matter, please e.  Person  Section  Gertificate of Status  Section  orporations  7	Address  City/State and Zip Code mail.com  (to be used for future annual report notification)  call:  954			

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our reco	ords.)
(A Florida Elimited I	Prapility Combany)	
The Articles of Organization for this Limited Liability Company	were filed on <u>07/27/2021</u>	and assigned
Florida document number L21000340399		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Prime Pro Cleaning LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		202 SE
	<del> </del>	2024 HAY
		÷> 2
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BON		my R D
Maning quaress MAT DE A 1 031 OF FICE DOM		TE a
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>ent</u>	er the name of the new regi
Name of New Registered Agent:		
New Registered Office Address:	y	
	Enter Florida street add	rass
		Florida
	City	Zíp 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>	<u>Name</u>	<u>Address</u>	Type of Action
	· · · · · · · · · · · · · · · · · · ·		∐Add
			□Remove
			Change
			∐Remove
		<u> </u>	Change
			□ Add
			LIRemove
			□ Change
			□Add
		·	□Remove
			□Change
			□Add
		· .	□ □Remove
			[]Change
			□Remove
			□ Change

May 11 2021		the address of the authorized person is wrong, the correct apartment is 204	
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