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COVER LETTER

D & G LUX	XE CLEANING SERVICE, LI	LC	
1	Name of Limi	ited Liability Company	
sed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
urn all correspo	ndence concerning this matter	to the following:	
		Name of Person	
		Firm/Company	
		Address	
		City/State and Zip Code	
	E-mail address: (to be used for future annual report	t notification)
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00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & Certified Copy (additional copy is enclosed)
	er information conscionar	Name of Lim Name of Lim Seed Articles of Amendment and fee(s) are subsurn all correspondence concerning this matter E-mail address: (er information concerning this matter, please concerning this matter) Name of Person is a check for the following amount: Of Filing Fee \$30.00 Filing Fee &	Seed Articles of Amendment and fee(s) are submitted for filing. urn all correspondence concerning this matter to the following: Name of Person

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

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

FILED

D & G LUXE CLEANING SERVICE LLC

company has been notified in writing of this change.

2021 NOV 17 AM 12: 44

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

TALL AHASSEL, FLORE TALLAHASSEE, FILLE The Articles of Organization for this Limited Liability Company were filed on _____07/29/2021 and assigned Florida document number L210003433081 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 "L.L.C." 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 ____, Florida ___ Cirv 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

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	BONNIE MANFORD	11672 SW 72ND Ø R	= Add
		OCALA FL 34476	□Remove
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