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| (Re | equestor's Name) | |
|-------------------------|--------------------|-------------|
| (Ad | ldress) | |
| (Ad | ldress) | |
| (Cil | ty/State/Zip/Phone | e #) |
| PICK-UP | WAIT | MAIL |
| (Bu | isiness Entity Nan | me) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

TO: **Registration Section Division of Corporations**

| SUBJECT: | TOM CLEANING ELC | | |
|---------------------------|--|---|---|
| | Name of Lim | ited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all corresp | ondence concerning this matter | to the following: | |
| | Luc, Christelle | | |
| | | Name of Person | |
| | AZ PREMIUM CLEANIN | G LLC | |
| | | Firm/Company | |
| | 1087 NW 113 TER | | |
| | | Address | |
| | Miami, FL, 33168 | | |
| | | City/State and Zip Code | ······································ |
| | azpremiumcleaning@gmail | | |
| | | to be used for future annual report noti | lication) |
| For further information | concerning this matter, please of | all: | |
| Luc, Christelle | | 786 850-6757 | |
| Name | of Person | at () Area Code Daytim | e Telephone Number |
| Enclosed is a check for | the 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) |

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

| y 30th, 2021 and assigned | |
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| y 30th, 2021 and assigned | |
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| <u>re</u> : | |
| esignation "LLC" or the abbreviation "L.L.C." | |
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| ecords, enter the name of the new registo | |
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| Enter Florida street address , Florida | |
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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 | | 8921 SEF 10 D | | |
|--|-----------------|-----------------------------------|----------------|--|
| <u>Title</u> | <u>Name</u> | Address | Type of Action | |
| AMBR | Luc, Christelle | 1087 NW 113 TER; Miami, FL, 33168 | ≡ Add | |
| | | | □ Remove | |
| | | | □Change | |
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| fective date, if other than the date of filing: un effective date is listed, the date must be specific and cannot be tete: If the date inserted in this block does not meet the appearance of State's recomment's effective date on the Department of State's recomment. | (optional) prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 pplicable statutory filing requirements, this date will not be listed as cords. |
| | |
| ecord specifies a delayed effective date, but not an effecti is filed. | ive time, at 12:01 a.m. on the earlier of: (b) The 90th day after the |
| September 9th 2021 | |
| ited | · |
| (. (/110 | |
| | authorized representative of a member |

Filing Fee: \$25.00