## K21000351865

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

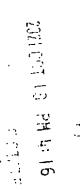
Office Use Only

A. RIVERS 0CT 2 9 2021



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## **COVER LETTER**

TO:

Tallahassee, FL 32314

ΓΟ: Registration Sect Division of Corpo			
SUBJECT: Pro	Name of Limit	ed Liability Company	d cleaning LLC
The enclosed Articles of A	mendment and fee(s) are subm	nitted for filing.	
Please return all correspond	dence concerning this matter to	o the following:	
	<u>Orland</u> Profession	Name of Person  Part le  Firm/Company	S and cleaning
	_3101 NE	24th Plan	26
	Ocala Conck W E-mail address: (to	City/State and Zip Code  Obe used for future annual report notifications.	dil o Com
For further information cor	ncerning this matter, please cal	II:	
Ocland, Name of I		Tr at (352 H 26) Area Code Daytime	- 0663 Telephone Number
Enclosed is a check for the   ☑ \$25.00 Filing Fee	following amount:  S30.00 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 Se Division of Co P.O. Box 6327	ection rporations	Street Address: Registration Sec Division of Corp The Centre of T	porations

2415 N. Monroe Street. Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_ Florida document number \2\0003518.65 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 City 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 र्ह्मोर्स and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this decument 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

Title	<u>Name</u>		Address	Type of Action
Pres.	orlando	Ramos SR	. 9980 SW 37 Terr.	□Adđ
			Miami, FL 33165	I⊠Remove
				□Change
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n effective date <u>te:</u> If the da	, if other than the date of filing:  to be is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,02 to inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed active date on the Department of State's records.
cord specific s filed.	es a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ed	10/13/ 21
<del></del>	(Signature of a member or authorized representative of a member
	Orlando Ramos Jr.  Typed or printed name of signee

Filing Fee: \$25.00