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| PICK-UP WAIT MAIL                       |
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| Special Instructions to Filing Officer: |
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ALLANASSEE, FLORIDA

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## **COVER LETTER**

| SUBJECT: BALLEE'S PROFESSIONAL CLEANING SERVICES LLC.  Name of Limited Liability Company  The enclosed Articles of Amendment and fee(s) are submitted for filting.  Please return all correspondence concerning this matter to the following:    CARLOS J. HOREND   Name of Person  | TO: Registration So<br>Division of Cor |   |                                      |  |
|---|--|---|--------------------------------------|--|
| Please return all correspondence concerning this matter to the following:    CARLES J. HOREND     Name of Person  | SUBJECT: <u>CAR</u>                    | LEE'S PROFESSI<br>Name of Lim                 | ONAL CLEANING ited Liability Company | SERVICES LLC                           |
| CARLOS J. MORENO  | The enclosed Articles of               | Amendment and fee(s) are sub                  | mitted for filing.                   |  |
| CARLEE'S   PROFESS/OWAL CLEANING SERVICES LLCC  | Please return all correspo             | ondence concerning this matter                | to the following:                    |  |
| Address    Cont Charlotte FL 33948  |  |   |                                      |  |
| Address    Cont Charlotte FL 33948   City/State and Zip Code   Carlos.j moreno Q outlook.com  |  | (AACLEE'S PACE                                | Firm/Company                         | ING DERVICES LEC                       |
| City/State and Zlp Code   Carlos, i Moreno Q out flook.com   E-may address: (to be used for future annual report notification)    For further information concerning this matter, please call:   Carlos Moreno   at (94/)   875 - 2980   Daytime Telephone Number   |  |   |                                      |  |
| Enclosed is a check for the following amount:    S25.00 Filing Fee   S30.00 Filing Fee & Certificate of Status   Street Address: Registration Section   Division of Corporations   P.O. Box 6327   The Centre of Tallahassee  |  | _   |                                      | 948                                    |
| Enclosed is a check for the following amount:  S25.00 Filing Fee Certificate of Status  Mailing Address: Registration Section Division of Corporations P.O. Box 6327  Rarea Code  B 75. 2980 Daytime Telephone Number  S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)  Street Address: Registration Section Division of Corporations P.O. Box 6327  Baytime Telephone Number  S60.00 Filing Fee, Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)  |  |   | ,                                    |  |
| Enclosed is a check for the following amount:  S25.00 Filing Fee Scrifficate of Status Certificate of Status Certified Copy (additional copy is enclosed)  Mailing Address: Registration Section Division of Corporations P.O. Box 6327  Area Code Daytime Telephone Number  S60.00 Filing Fee. Certified Copy (Certificate of Status & Certified Copy (additional copy is enclosed)  Registration Section Division of Corporations The Centre of Tallahassee   | For further information c              | concerning this matter, please co             | all:                                 |  |
| Enclosed is a check for the following amount:  S25.00 Filing Fee S330.00 Filing Fee SC Certificate of Status  Certified Copy (additional copy is enclosed)  The Ceptro of Corporations  The Centre of Tallahassee | CARLOS                                 | MORENO  | at (94/) 875.                        | 2980                                   |
| □ \$25.00 Filing Fee  | Name o                                 | i Person                                      | Area Code Daytime                    | Telephone Number                       |
| Certificate of Status  Certified Copy (additional copy is enclosed)  Certificate of Status & Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)  Mailing Address:  Registration Section Division of Corporations P.O. Box 6327  Certificate of Status & Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)  Certificate of Status & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)  | Enclosed is a check for the            | he following amount:                          |                                      |  |
| Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee  | □ \$25.00 Filing Fee                   | \$30.00 Filing Fee &<br>Certificate of Status | Certified Copy                       | Certificate of Status & Certified Copy |
| P.O. Box 6327 The Centre of Tallahassee   | Registration S                         | Section                                       | Registration Sect                    |  |
|   | P.O. Box 632                           | 27  | The Centre of Ta                     | llahassee                              |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| PARIFFÉ PONFESCIONAL  | CIFANTALO SERVICES INC.  |
|---|--|
| CARLEE'S PROFESSIONAL  (Name of the Limited Liability Compar (A Florida Limited L                                   | ty as it now appears on our records.) lability Company)            |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L21000357088</u> .       | were filed on $\frac{8/9/21}{8}$ and a signified $\frac{1}{5}$     |
| This amendment is submitted to amend the following:   |  |
| A. If amending name, enter the new name of the limited liabi  | <del></del>  |
| ROCKET CREDIT REPAIR LL The new name must be distinguishable and contain the words "Limited Liability".             | ty Company," the designation "LLC" or the abbreviation "L.L.C."    |
| Enter new principal offices address, if applicable:   | BORT CHARLOTTE FL 33948  |
| (Principal office address MUST BE A STREET ADDRESS)   | PORT CHARLOTTE FL 33948  |
| Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)                               | 312 CAPATOLA STREET<br>PORT CHARLOTTE, FL 33948                    |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: | ddress on our records, <u>enter the name of the new registered</u> |
| Name of New Registered Agent:   |  |
| New Registered Office Address:  | Enter Florida street address                                       |
|   | , Florida  |
| <del></del>   | 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 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> | <u>Name</u> | Address      | Type of Action                    |
|--------------|-------------|--------------|-----------------------------------|
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| If amending any other information, enter change(s) here: (Attach additional sheets, if necessa  | - /                 |                    |
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| ffective date, if other than the date of filing:  [an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing to the date inserted in this block does not meet the applicable statutory filing requirements, this data occurrent's effective date on the Department of State's records. | ig.) Pursuant to 60 | )5.0207<br>sted as |
| record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) This filed.  | Γhe 90th day aft    | er the             |
|   | TÄLL                | 2022               |
| ated  | LLAHASSE            | 2022 MAY -6 AM     |
| Park 1. Nr  | 788<br>888<br>888   | 9-1                |
| Signature of a member or authorized representative of a member  | []                  |                    |
| Cornos JESUS MORENO   | FLOR                | 34 :8 1-           |
| Typed or printed name of signec   |                     | Ξ                  |

Filing Fee: \$25.00