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2021 OCT 12 AM 9: 05 SECRETARY OF STATE TALL A PASSED, PIL

COVER LETTER

Division of Corporations STAR CLEANING SERVICES OF MIAMI LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: SUSANA LEE Name of Person STAR CLEANING SERVICES OF MIAMI LLC Firm/Company 10012 NW 7TH ST APT 206 Address MIAMI, FL 33172 City/State and Zip Code STARCLEANINGSERVICES2021@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: SUSANA LEE Name of Person Daytime Telephone Number Enclosed is a check for the following amount: ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section **Division of Corporations Division of Corporations**

P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2021 OCT 12 AM 9: 05

STAR CLEANING SERVICES OF MIAMI LLC

(Name of the Limited Liability Company as it now appears on our recorded TARY OF STATE (A Florida Limited Liability Company)

[ALLAHASSEE, F].

The Articles of Organization for this Limited Liability Company Florida document number <u>L21000366931</u>	y were filed on <u>08/16/2021</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designatio	n "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 agent and/or the new registered office address here:	address on our records,	enter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	address
		, Florida Zip Code
New Designatured Amenda Company 15 days 1 D	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>	

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>	<u>Address</u>	Type of Action
MGR	ELVINE LAMAS	10012 NW 7TH ST APT 206	≣ Add
		MIAMI, FL 33172	
			□Change
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			□Add
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			□ Change
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