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COVER LETTER . . .

TO:

Registration Section
Division of Corporations

Tallahassee, FL 32314

Polished to SUBJECT:	perfection cleaning service lle	:	
30BJCC1.	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Claudia Saucedo		
		Name of Person	
	Polished to perfection clea	nning service lle	
		Firm/Company	
	14026 SW 263 lane apt1		
		Address	
	Homestead, FL 33032		
		City/State and Zip Code	
	Yaya24mendez@gmail.con		
For further information c	e-mail address: (oncerning this matter, please e	to be used for future annual report noti	fication)
Claudia Saucedo	Same of the control of the control of	786 247-3369	
	f Person	at () Area Code Daytim	n Talankana Mankar
Name	i i cism	Area Code Daynin	e refeptione southoer
Enclosed is a check for the	ne following amount:		
X \$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 Addres Registration S		Street Address: Registration Sec	ction
Division of C		Division of Cor	
P.O. Box 632	-	The Centre of T	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Polished to perfection cleaning service llc

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

2021 SEP 17 AM 12: 52

The Articles of Organization for this Limited Liability Comp	pany were filed on September 10,2021	and assigned
Florida document number L21000370277		
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 I	Liability Company," the designation "ELC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		·
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our records, <u>enter the na</u>	me of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	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
AMBR	Claudia Saucedo	14026 SW 263 lane apt1 Homestead.FL33032	Ø∆dd
		*****	□Remove
			□Change
			□ Remove
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Tective date, if other than the an effective date is listed, the date must ote: If the date inserted in this blooment's effective date on the De	ock does not meet the appli	icable statutory filing req		
ecord specifies a delayed effective	e date, but not an effective	time, at 12:01 a.m. on th	te earlier of: (b) Th	ie 90th day after the
record specifies a delayed effective is filed.			ie earlier of: (b) Th	ie 90th day after the
record specifies a delayed effective is filed. September 10		·		

1. 1. 2. 1. 1.

Filing Fee: \$25.00