## L21000379255

(Re	questor's Name)	
(Ad	dress)	
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Special Instructions to	Filing Officer:	

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A. BUTLER NOV 16 2022

## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT: Lee	o' Cleaning, L	LC	
SUBJECT:	Name of Limi	ted Liability Company	<del></del>
The enclosed Articles of .	Amendment and fee(s) are subr	mitted for filing.	
Please return all correspo	ndence concerning this matter t	to the following:	
	Timothy	D. Ryan Name of Person	
		Firm/Company LLC	
	1720 W	Coral Ter Address	
	North F	City/State and Zip Code  dryan 22 @ gma; o be used for future annual report not	3903
	1.	City/State and Zip Códe	1.1000
	E-mail address: (t	o be used for future annual report not	ification)
For further information c	oncerning this matter, please ea	all:	
Tim	Ryen	at (239, 789-3	5822
Name o	f Person	Area Code Daytin	ne Telephone Number
Produced is a about for the	Callenging amounts		
Enclosed is a check for the \$25.00 Filing Fee	\$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee.
¥! \$25.00 Filing Fee	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres	is:	Street Address:	
Registration S	Section	Registration Se	
Division of C	•	Division of Co The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

,	OF	
Name of the Limited Liability Co.	mpany as it now appea	2022 AHG 22 BM 2 25
The Articles of Organization for this Limited Liability Comparing A Florida document number L21000379255.  This amendment is submitted to amend the following:	ted Liability Company)	8/24/21 and assigned
A. If amending name, enter the new name of the limited 1	iability company h	ere:
Total Quality Cleani The new name must be distinguishable and contain the words "Limited L	المار وم	
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)		08 Castleberry Terr nglewood, FL 34224
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	760 En	8 (astleberry Terr glewood, FL 34224
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ce address on our i	ecords, enter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Flo	rida 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
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□ Change
			□Add
			□ Remove
			□Change
			□Add
			Remove
			□Change
			□Remove
			□ Change

Note:	ive date, if other than the date of filing:
rd is f	
Dated	August 18th 2022.  TD 12  Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00