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TO:

Registration Section
Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

KELLYSC.	LEANINGSERVICES LLC		
SUBJECT:	Name of Lim	ited Liability Company	
m thail c	A 16 () 1	wine d for ofting	
The enclosed Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	RAQUEL SAXTON		
		Name of Person	· · · · · · · · · · · · · · · · · · ·
	KELLYSCLEANINGSER	VICES LLC	
		Firm/Company	
	9540 MAIDSTONE MILL	DR WEST	
		Address	
	JACKSONVILLE		
	-	City/State and Zip Code	
	FLORIDA 32204		
	E-mail address: (to be used for future annual report notif	fication)
For further information c	oncerning this matter, please ca	all:	
RAQUEL SAXTON		904 577-6648 at ()	
Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed is a check for th	ne following amount:		
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 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	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

KELLYSCLEANINGSERVICES LLC

company has been notified in writing of this change.

2022 MAR -8 PM 12: 18

re filed on 08/31/2021 and assigned. y company here:		
y company here:		
v company here:		
v company here:		
Company," the designation "LLC" or the abbreviation "L.L.C."		
9540 MAIDSTONE MILL DR WEST		
JACKSONVILLE, FL 32204		
ress on our records, <u>enter the name of the new registe</u>		
Enter Florida street address		
Enter Florida street address , Florida City Zip Code		
)		

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

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>	Name	Address	Type of Action
			□Add
			□Remove
			Change
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			Remove
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Effective date, if other than the (If an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	block does not meet th	e applicable statutory	g or more than 90 days a filing requirements,	ptional) fler filing.) Pursuant to 605.0 this date will not be listed	0207 (I d as th
the record specifies a delayed effectord is filed.	tive date, but not an eff	ective time, at 12:01	a.m. on the earlier of	(b) The 90th day after	the
Dated	202	2			
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