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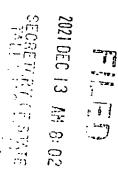
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Q. SILAS
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COVER LETTER

		,	y
AAA EXT	ERIOR CLEANING AND SER	VICES LLC.	
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles c	of Amendment and fee(s) are sub-	mitted for filing.	
Division of Corporations			
	DAVID ANDERSON		
		Name of Person	
		Firm/Company	
	531 GIBSON LOOP		
		Address	
	THE VILLAGES, FL 3216	53	
		•	
			fication)
For further information			,
DAVID ANDERSON			
Name	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Registration	Section	Registration Sec	
Division of	Corporations	Division of Cor	porations

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2021 DEC 13 AM 8: 02

AAA EXTERIOR CLEANING AND SERVICES LLC

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

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on OCT	i1, 2021 and assigned
Florida document number 100374805961		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here	<u>:</u>
Seniors He tping Seniors-The Villages LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the desi	gnation "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 rec	ords, <u>enter the name of the new register</u>
Name of New Registered Agent:		
		
New Registered Office Address:	Enter Florid	a street address
	Ch. Ale	
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	•	,
I hereby accept the appointment as registered agent and agr		

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 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
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			Remove
			☐Change
			□Add
			□Change
			□Add
			□Remove
			□ Change

f amend	ing any other information, enter change(s) here: LAttach additional sheets, if necessary.)
	·· ·
<u>Note:</u> If i	date, if other than the date of filing:
record s d is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	December 9 2021
	Signature of a member or authorized representative of a member
	David Anderson Typed or printed name of signee