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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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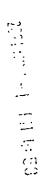
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A. RIVERS NOV 1 2 2021



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11/01/21 -- 010/14--017 **25.00



COVER LETTER

TO:

Registration Section Division of Corporations

	ANING SERVICES LLC					
	Name of Lim	ited Liability Company				
The enclosed Articles of	Amendment and fec(s) are sub	mitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	ADRIANA CHAMORRO					
		Name of Person				
	ACH SOLUTIONS LLC					
		Firm/Company	 -			
	924 EAST SAMPLE RD					
		Address				
	POMPANO BEACH FL.3	33064				
		City/State and Zip Code				
	adriana@achonlineforms.co					
	E-mail address: (to be used for future annual report not	itication)			
For further information c	oncerning this matter, please c	all:				
Adriana Chamorro		561 2455214 at () Area Code Daytin				
Name o	f Person	Area Code Daytin	ne Telephone Number			
Enclosed is a check for the	he following amount:					
■ \$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 9		Street Address: Registration Sc	ection			
Division of C			Division of Corporations			
P.O. Box 632 Tallahassee, 1		The Centre of 2415 N. Monro	Tallanassee oe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BKM CLEANING SERVICES LLC

company has been notified in writing of this change.

and assigned
e abbreviation "L.L.C."
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name of the new regis
1 53
723
<u> </u>
725 725 737 74
Zip Code

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Remove
			□Chunge
			□Add
			□Remove
			□Change
			
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		l(date of filing:	0/15/2021	filing or more than 90 d	_ (optional) avs after filing.) Pursuant to	. 605 0207
fan effective date Note: If the dat	if other than the objective date on the De	be specific and cannock does not meet	the applicable statu	nory filing requireme	ents, this date will not be	listed as t
fan effective date <u>Note:</u> If the dat locument's effe	is listed, the date must e inserted in this blo ctive date on the De	be specific and cannock does not meet partment of State	the applicable statu 's records.		ents, this date will not be er of: (b) The 90th day	listed as t
'an effective date <u>Note:</u> If the dat locument's effe record specifie	is listed, the date must e inserted in this bloctive date on the De s a delayed effective	be specific and cannot does not meet partment of State date, but not an e	the applicable statu 's records.		ents, this date will not be	listed as t
fan effective date Note: If the dat locument's effe record specifie d is filed.	is listed, the date must e inserted in this bloctive date on the De s a delayed effective	be specific and cannot does not meet partment of State date, but not an e	the applicable statues records. offective time, at 12		ents, this date will not be er of: (b) The 90th day	listed as t

Filing Fee: \$25.00