## L21000455360

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## **COVER LETTER**

Registration Section
Division of Corporations

TO:

	;	
SUBJECT: Short lerm Rent	al Cleaning Service LLC ne of Limited Liability Company	
: Naii	e of Elinico Elability Company	
The enclosed Articles of Amendment and fee(s)	) are submitted for filing.	
Please return all correspondence concerning this	s matter to the following:	
Joan.	alunn Rates	
	ALYNN Bates Name of Person	
CT.D	aleurina Sacrica IIC	
211	cleaning Service LLC Firm/Company	
9	17 middle Street	
	Address	
Foo	+ Lauderdale FL 33312 City/State and Zip Code ::	
Joan	a. Batco a condidication)	
E-mail a	ddress: (to be used for future annual report notification)	
For further information concerning this matter, p	please call:	
Joans Bates	407 913 9754 "	
Name of Person	at (HOT) 913 9254  Area Code Daytime Telephone Number	
	•	
Englaged is a short for the Cities in a second	· "	
Enclosed is a check for the following amount:		
☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee Certificate of \$1	e & S55.00 Filing Fee & S60.00 Filing Fee. tatus Certified Copy Certificate of Status &	
	(additional copy is enclosed) Certified Copy	
	(additional copy is enclosed)	
	<u>.</u>	
Mailing Address:	Street Address:	
Registration Section	Registration Section	
Division of Corporations P.O. Box 6327	Division of Corporations	
P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 81 Tallahassee, FL 32303		

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Short I crm Kental Cl	COMPANY OF IT DON ADDRESS OF ON	- C	
(A Florida	ty Company as it now appears on ou. Limited Liability Company)	records.)	
The Articles of Organization for this Limited Liability C Florida document number <u>L21000455360</u>		and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limi	ted liability company here:		
Short Term Rental Cleaning The new name must be distinguishable and contain the words "Limit	3 8 Management	on "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	N A	2022 FA	
(Principal office address MUST BE A STREET ADDR	ESS)	200 <b>7</b>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA	PILED 20EC +8 AM 8: 11 CRETARY OF STATE FALLAHIASSEE. FU	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office address on our records	, enter the name of the new registered	
Name of New Registered Agent:	4		
New Registered Office Address:		<del></del>	
	Enter Florida street address		
	City	Florida	
	Cny	Zip Coae	

## 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

Typed or printed name of signee