421 000459851

(Requ	estor's Name)	
(Addre	ess)	
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(City/S	state/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Busin	ess Entity Nar	me)
(Docu	ment Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fili	ing Officer:	

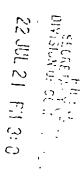
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COVER LETTER

	Registration Se Division of Cor		↓	ut.		
211N 1110		A JANITORIAL AND HOME		4.		
SUBJEC	T:	Name of Lim	ited Liability Company			
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please ret	turn all correspo	ondence concerning this matter	to the following:			
		VICTOR HERNANDEZ				
			Name of Person			
		ZARAGOZA JANITORIA	AL AND HOME SERVICES LLC			
			Firm Company			
		3970 SANTA BARBARA	RD			
			Address			
		KISSIMMEE, FLORIDA	34746			
	City/State and Zip Code					
		JANITORIALHOMESERV	/ICES@GMAIL.COM			
		E-mail address: (to be used for future annual report not	ification)		
For furth	er information c	oncerning this matter, please c	all:			
VICTOR	: HERNANDEZ	2	407 437-7687			
Name of Person			Area Code Daytin	ne Telephone Number		
Enclosed	is a check for the	he following amount:				
□ \$25.0	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 Address Registration 5		<u>Street Address:</u> Registration Se	ection		
Division of Corporations			Division of Corporations			
	P.O. Box 632		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			
	Tallahassee,	r L	Z+10 IN. MIONTO	oc street, suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ZARAGOZA JANITORIAL AND HOME 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 Lis Florida document number 1.21000459851	ability Company v	vere filed on	10/21/2021		_ and assigned
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of	the limited liabil	ity company	here:		
The new name must be distinguishable and comain the we	ords "Limited Liabilit	y Company," th	ie designation "I	.I.C" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applica-	able:				
(Principal office address MUST BE A STREET ADDRESS)					<u> </u>
				.	<u> </u>
					2 8 4
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE A	BOX)			·-	<u> </u>
					<u> </u>
B. If amending the registered agent and/or reagent and/or the new registered office address Name of New Registered Agent:			r records, <u>en</u>	ter the name	of the new registered
	3970 SANTA B.	ADDADA DI			
New Registered Office Address:	3970 3/(1/1/18)		Florida street ad		
	KISSIMMEE Florida		. Florida <u>3474</u>	66	
		City	····································	, FIOLIGA	Zip Code
New Registered Agent's Signature, if changing I	Registered Agent:				
I hereby accept the appointment as registere provisions of all statutes relative to the propaccept the obligations of my position as registeing filed to merely reflect a change in the company has been notified in writing of this	er and complete p stered agent as p registered office o	performance rovided for i	of my duties in Chapter 60	s, and I am fa 05, F.S. Or, ij	miliar with and Tthis document is

Usefer Hersenster
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
AMBR	MARIA A HERNANDEZ	3523 YACHT CLUB CT	□Add
		KISSIMMEE, FLORIDA 34746	■Remove
MGR	VICTOR HERNANDEZ	3970 SANTA BARBARA RD	■Add
		KISSIMEE, FLORIDA 34746	□Remove
		<u></u>	☐Change 22 ☐Add U
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reflective date is listed, the date tee. If the date inserted in this	block does not me	et the applicable	statutory filing re	quirements, this d	ate will not be list	ted
cument's effective date on the	: Department of Sta	de s records.				
cord specifies a delayed effe	rtive date, but not a	n effective time.	at 12:01 a.m. on t	he earlier of: (b)	The 90th day after	er tl
s filed.					ŕ	
· +1 1016		2027				
ied <u>July</u> 18 ⁴⁴		<u> </u>				
	Signature of a mo					
	Signature of a mo	ember or authorize	d representative of a	i member		
		yped or printed no				

Filing Fee: \$25.00