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2024 SEP 13 PH 2: 42 5.00 H MASSEE FI

## **COVER LETTER**

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TO:

Registration Section Division of Corporations

SUBJECT:	Miami Billiards LLC		
SUBJECT.	Name of Lin	nited Liability Company	<del>-</del>
The enclosed Articles of	of Amendment and fee(s) are sub-	omitted for filing.	
	pondence concerning this matter	-	
		Bardo Lazo	
		Name of Person	
		Miami Billiards LLC	
		Firm/Company	
		1621 nw 45 st	
		Address	
		Miami, Florida, 33142	
	_	City/State and Zip Code	
		erprocleaning@gmail.com to be used for future annual report n	otification)
For further information	concerning this matter, please c	·	
Baro	do Lazo	at ( 305 )	298-3540
Name	of Person		ime Telephone Number
Enclosed is a check for	the following amount:		
X \$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)
<u>Mailing Addr</u> Registration		<u>Street Address:</u> Registration S	Section
Division of	Corporations	Division of C	orporations
P.O. Box 63 Tallahassee.		The Centre of 2415 N. Mon	Tallahassee roe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Miami Billi ( <u>Name of the Limited Liability Comp</u> (A Florida Limited		on our records.	
The Articles of Organization for this Limited Liability Compan	y were filed on	10/22/2021	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company her	<u>re</u> :	
Rover Pro Cleaning LLC			
The new name must be distinguishable and contain the words "Limited Liab	pility Company," the de	signation "LLC" or the abbi	eviation "L.L.C."
Enter new principal offices address, if applicable:		ر) ۱۰۰۱ - ۲۰۰۰ ۱۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲	2024
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:		in:	13 PH 2
(Mailing address MAY BE A POST OFFICE BOX)		न्त्रः (***)	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our re	cords, <u>enter the name</u>	of the new registe
Name of New Registered Agent:			
New Registered Office Address:	Enter Floric	la street address	
		, Florida	
	City		Zip Code

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

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
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			□Change
			□Add
			□Remove
			□Change

## Page 2 of 3

(If an e <u>Note</u>	tive date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of e 90th day after the record is filed.
Dated	September 6 2024
	Signature of a member or authorized representative of a member
	Bardo Lazo
	Typed or printed name of signee

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Filing Fee: \$25.00