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(Business Entity Name)

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2022 JUN - 7 AM 7:33
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CENTRAL FLORIDA PROFESSIONAL CLEANING SERVICES LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Moriah Choulagh

Name of Person

CENTRAL FLORIDA PROFESSIONAL CLEANING SERVICES LLC

Firm/Company

676 Flamingo Drive, Unit B

Address

Ormond Beach, FL 32176

City/State and Zip Code

luxpro.cleanings@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Moriah Choulagh

386

631-4562

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

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

2022 JUN -7 AM 7:27

SECRETARY OF STATE
TALLAHASSEE, FL 323

CENTRAL FLORIDA PROFESSIONAL CLEANING 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 December 22, 2021 and assigned
Florida document number L22000000109.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

CF Luxury Pro Cleaning Services LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

676 Flamingo Drive

(Principal office address MUST BE A STREET ADDRESS)

Unit B

Ormond Beach, FL 32176

Enter new mailing address, if applicable:

676 Flamingo Drive

(Mailing address MAY BE A POST OFFICE BOX)

Unit B

Ormond Beach, FL 32176

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Moriah Choulagh

New Registered Office Address:

676 Flamingo Drive, Unit B

Enter Florida street address

Ormond Beach

City

Florida 32176

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> | <u>Address</u> | <u>Type of Action</u> |
|--------------|--------------------|-------------------------|--|
| MGR | Choulagh, Moriah I | 1230 OLD KINGS RD | <input type="checkbox"/> Add |
| | | DAYTONA BEACH, FL 32117 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | Moriah Choulagh | 676 Flamingo Dr. | <input checked="" type="checkbox"/> Add |
| | | Unit B | <input type="checkbox"/> Remove |
| | | Ormond Beach, FL 32176 | <input type="checkbox"/> Change |
| AMBR | Moriah Choulagh | 676 Flamingo Dr. | <input checked="" type="checkbox"/> Add |
| | | Unit B | <input type="checkbox"/> Remove |
| | | Ormond Beach, FL 32176 | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
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| | | | <input type="checkbox"/> Change |

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

E. Effective date, if other than the date of filing: 01/01/2022 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated May 30 2022

Alvin Crowley
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Moriah Choulagh

Typed or printed name of signee

Filing Fee: \$25.00