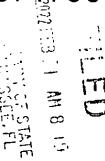
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PICK-UP	WAIT	MAIL
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COVER LETTER

	Registration Division of C	Corporations		
eun IPC		Licaning Service, LLC	•	
SUBJEC		Name of Limit	ed Liability Company	
The enclo	sed Articles	of Amendment and fec(s) are subt	nitted for filing.	
Please ret	urn all corre	spondence concerning this matter t	o the following:	
		Jennifer Pugh		
			Name of Person	
		Deaks Cleaning Service, L.	LC	
			Firm/Company	
		2731 Blairstone Road Apt#	111	
			Address	
		Tallahassee. Florida 32301		
		Deakscleaning@gmail.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report notification)	
For furth	er informati	on concerning this matter, please of	di:	
Jennifer	Pugh		225 368-6203 at ()	_
	Na	rice of Person	Area Code Daytime Telephone Number	
Enclosed	i is a check	for the following amount:		
≣ \$ 25.	00 Filing Fo	e \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	tatus &
	Division P.O. Box	on Section of Corporations	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

Deaks Cleaning Service, LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our re- Liability Company)	cords.)
The Articles of Organization for this Limited Liability Company Florida document number L22000020926	y were filed on <u>01/04/2022</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation '	'LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		12 · · ·
Enter new mailing address, if applicable:		e sheet and a sheet and a sheet a shee
(Mailing address MAY BE A POST OFFICE BOX)		
<u> </u>		Files 69
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, <u>e</u>	nter the name of the new registere
Name of New Registered Agent:		4**************************************
New Registered Office Address:	Enter Florida street a	12
	Enter Florida street d	
	City	_, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>it:</u>	
I hereby accept the appointment as registered agent and as provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered office company has been notified in writing of this change.	gree to act in this capacity. te performance of my dutic s provided for in Chapter (es, and I am familiar with and 605, F.S. Or, if this document is
i		
If Ct	hanging Registered Agent, Signa	ture 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>	Name	Address	Type of Action
AMBR	Malissa A Williams	2731 Blairstone Road Apt#111	= Add
		Tallahassee. Florida 32301	□ Remove
<u>AMB</u> R	Breaca Williams	2731 Blaustone ROAD ATTOMCHUSSEVE, FL 323	□Change P+#{ ==Add
	1	Tanchassee, FL 32	<u>SUI</u> □Remove
	 		□Change
			TAdd
	1		□ Remove
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(If an ef Note:	ive date, if other than the date of filing: ective 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 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the lent's effective date on the Department of State's records.
ne recor ord is fi	d 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 led.
Dated	2/1/22
	Signature of a member or authorized representative of a member
	Jennifer D Pugh

Filing Fee: \$25.00