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COVER LETTER

TO: Registration Section **Division of Corporations** ULTRA CLEANING SERVICES, LLC
Name of Limited Liability Company 1 The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Gouldbourne Name of Person Firm/Company lantation FL 33324
CityState and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount: \$\$30.00 Filing Fee & ☐ \$60,00 Filing Fee, ☐ \$25,00 Filing Fee □ \$55.00 Filing Fee & Certificate of Status Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address: Street Address:

Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

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

(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 $\frac{5/17/2023}{}$ and assigned
Florida document numberL 22000 38282	
This amendment is submitted to amend the following:	and the second of the second
A. If amending name, enter the new name of the limited liab	ility company here:
CHIDALE HOLDINGS, LLC	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C,"
Enter new principal offices address, if applicable:	261 N university Dr
(Principal office address MUST BE A STREET ADDRESS)	Suite ,500 , PMB, 1009
	Plantation, FL, 33324
Enter new mailing address, if applicable:	361 N University Dr. Suite 500 PMB 1009
(Mailing address MAY BE A POST OFFICE BOX)	
75 - 15 - 15 - 15 - 15 - 15 - 15 - 15 -	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registeres
Name of New Registered Agent:	<u> </u>
New Registered Office Address:	
	Enter Florida street address
·	, Florida
	City Zip Code

New Registered Agent's Signature, it 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 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
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Effective date, if other than fan effective date is listed, the date Note: If the date inserted in the document's effective date on the	his block does not i	meet the applica	o date of filing or m ble statutory filin	ore than 90 days after g requirements, this	onal) filing.) Pursuant to s date will not be	605.0207 listed as
	fective date, but no	t an effective tin	ne, at 12:01 a.m. (on the earlier of: (b) The 90th day a	ifter the
rd is filed.	2022		_·			
e record specifies a delayed eff rd is filed. Dated May 13	1	·	_ ·			

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Filing Fee: \$25.00