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(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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2023 JUN 23 PH 2: 09
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Y. SCOTT JUN 2 4 2023



May 18, 2023

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CARLA E. COELHO RODRIGUES 1929 SOUTH KIRKMAN #136 ORLANDO, FL 32811

SUBJECT: RODRIGUES & FERREIRA DOCES E SALGADOS LLC

Ref. Number: L22000048672

We have received your document for RODRIGUES & FERREIRA DOCES E SALGADOS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6053.

Yvette Scott Supervisor

Letter Number: 623A00011436

COVER LETTER

TO:

Registration Section

Division o	of Corporations				
	RIGUES & FERREIRA	DOCES E SALGAI	DOS LLC		
SUBJECT:	<u> </u>	Name of Limited Liab	ility Company		
	les of Amendment and for		-		
	CARLA R CO	ELHO RODRIGUE	:S		
		N	ame of Person		
			irm/Company		
	1929 SOUTH	KIRKMAN #136		<u> </u>	20
		<u>-</u>	Address		. 323
	ORLANDO, F				T I E 2023 JUN 23
		City/S	tate and Zip Code		23 PM 2
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	E-m	ail addr e ss: (to be use	d for future annual report not	ification) ා	~ €
For further informa	tion concerning this mat	ter, please call:			PM 2: 09
CARLA R COELF	IO RODRIGUES		407 5026450		
N	lame of Person			ne Telephone Number	
Enclosed is a check	for the following amour	nt:			
□ \$25.00 Filing F	Fee S30.00 Filing Certificate	of Status (55.00 Filing Fee & Certified Copy additional copy is enclosed)	S60.00 Filing Certificate of Certified Cop (additional copy	Status &
-	ddress: tion Section of Corporations		Street Address: Registration Se Division of Co		
P.O. Box			The Centre of 7		
	see, FL 32314			e Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

DODDICHES & REDDEIDA DOCES E SALCADOS LLC

(<u>Name of the Limite</u>	ed Liability Compa A Florida Limited	iny as it now appears Liability Company)	s on our records.)	
The Articles of Organization for this Limited Li- Florida document number <u>L22000048672</u>	ability Company	were filed on $\frac{017}{2}$	27/2022	and assigned
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liab	ility company he	<u>re</u> :	
CKK CLEANING SERVICE LLC				
The new name must be distinguishable and contain the we	ords "Limited Liabi	lity Company," the de	signation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applica	ıble:	SAME		
Principal office address MUST BE A STREE	<u>(ADDRESS)</u>		 	2073
			<u> </u>	
Enter new mailing address, if applicable:		SAME		ω i
(Mailing address MAY BE A POST OFFICE BOX)			100 100 100	PH 2:
				
B. If amending the registered agent and/or reagent and/or the new registered office address Name of New Registered Agent:	s here:	address on our re		of the new regi
	(0/5 DIA 27)		tre and	··
New Registered Office Address:	OYOS PIAZZA	GRANDE AVE SU	11 E 203 da street address	
		enter r toru	ua sirvei aaaress	
	ORLANDO		, Florida ^{328:}	_

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
			□Remove
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an effective date is liste ote: If the date inse	her than the date or ed, the date must be spec- rted in this block doe date on the Departme	ific and cannot be s not meet the ap	prior to date of fil oplicable statute	ing or more than 90	days after filing) Pursuant t	o 605.03 c listed
record specifies a del is filed.	layed effective date, b	out not an effocti	ve time, at 12:0	l a.m. on the ear	lier of: (b) Th	ie 90th day	after tl
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Filing Fee: \$25.00