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T. MATTHEWS JUN 14 2022

COVER LETTER

TO: Registration Section

Division of Cor	porations		
D&A SPEC	DIALTY CLEANING LLC		
SUBJECT:	*	ited Liability Company	
The analogue Articles of	Amendment and fee(s) are sub	mitted for filing	
Please return all correspondence	ondence concerning this matter	to the following:	
	DIANA FUENTES REYE	S	
	-	Name of Person	
	D&A SPECIALTY CLEA	NING LLC	
	•	Firm/Company	
	23915 SW 110TH CT		
		Address	
	HOMESTEAD, FLORIDA	X 33032	
		City/State and Zip Code	
	anaidyshf1133@gmail.com		
	E-mail address: (to be used for future annual report not	itication)
For further information e	oncerning this matter, please c	all:	
ANAIDYS FUENTES		786 759-9225 at ()	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	he 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 S Division of C P.O. Box 632	Section Corporations	Street Address: Registration Se Division of Co The Centre of	rporations
Tallahassee, l	FL 32314	2415 N. Monro	be Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF CORT

22 APR 25 PM 3: 20

Zîp Code

D&A SPECIALTY CLEANING LLC	
(Name of the Limited Liability Con (A Florida Limit	npany as it now appears on our records.) ed Liability Company)
The Articles of Organization for this Limited Liability Comparation document number <u>L22000060111</u>	any were filed on $\frac{02/04/2022}{}$ and assigned
his amendment is submitted to amend the following:	
a. If amending name, enter the new name of the limited li	ability company here:
he new name must be distinguishable and contain the words "Limited Li	ability 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)	
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office and/or the new registered office address here:	ce address on our records, <u>enter the name of the new registe</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address

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.

City

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
MGR	DIANA FUENTES REYES	23915 SW 110TH CT	
		HOMESTEAD, FL 33032	■Remove
			Change
AMBR	DIANA FUENTES REYES	23915 SW 110TH CT	= Add
		HOMESTEAD, FL 33032	□Remove
			□Change
			□Add
			□Remove
			Change
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			(optional)	
It an effective date is listed, the date must be	specific and cannot be prior	to date of filing or more th	ian 70 days unce ming.) i disc	ant to 605.0207 (
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Filing Fee: \$25.00