L22000	0094653
(Requestor's Name) (Address) (Address)	800398247298
(City/State/Zip/Phone #)	SECULARSS AND
Special Instructions to Filing Officer:	AM IB: 16
A. RIVERS FEB 1 0 2023	

TO: Registration Section Division of Corporations

u Window Cleaning LLC SUBJECT: Same 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:

Emerson Barbosa Dos Santos Eta Filho Purity Window Cleaning LLC Firm/Company 539 Scholar Court Lehigh acres / Florida / 33971 City/State and Zip Code Durity Window cleaning SWF1 @ gmail. com

For further information concerning this matter, please call:

borbosa Dos Savies Fat (239) 839 - 1676 Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

□ \$25.00 Filing Fee

✓ \$30.00 Filing Fee & Certificate of Status

S55.00 Filing Fee & Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF		MENT	•	
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0	F			
(<u>Name of the Limited Liability Compa</u> (A Florida Limited			our records.)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L220000 84653</u>		•		2022 and assig
This amendment is submitted to amend the following:				
A. If amending name, <u>enter the new name of the limited liab</u> <u>Purity Exterior Cleaning</u> The new name must be distinguishable and contain the words "Limited Liabi	LLC		nation "LLC" or the a	bbreviation "L.L.C
Enter new principal offices address, if applicable:	Same	as	previous	
(Principal office address MUST BE A STREET ADDRESS)			/	
Enter new mailing address, if applicable:	same	as	provious	1/A1 55
(Mailing address MAY BE A POST OFFICE BOX)				DEC -1
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on of	ir recor	ds. <u>enter the nar</u>	ne of the new reg
Name of New Registered Agent:		<u> </u>		
New Registered Office Address:	Enter	Florida s	treet address	
	City		Florida	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 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, <u>enter the title, name, and address of each person to removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of a
			🗆 Add
			🗆 Remov
			□Change
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			🗆 Remove
			□Change

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

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E. Effective date, if other than the date of filing: ______(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 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as 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 <u>October 27</u>. <u>2022</u>. <u>Envertion</u> Signature of a member or authorized representative of a member Emerson Barbosa Das Santos Filho Typed or printed name of signee