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A. BUTLER APR 1 1 2022

COVER LETTER

TO: Registration Division of C			
	SITORIAL & MAINTENANCE I	.L.C	
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub-	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Donald K. Porges		
		Name of Person	
	Porges, Eisenberg & Levin	e, CPA, LLC	
	*** *. **	Firm/Company	-
	1880 N. Congress Ave, Sui	ite 215	
		Address	
	Boynton Beach, FL 33426		
		City/State and Zip Code	
	Bookkeeper3@pelcpa.com E-mail address: (t	to be used for future annual report notifi	cation)
For further information	n concerning this matter, please ca	•	
Donald K. Porges		561 737-5568	
Nam	e of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check fo	r the 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 Add		Street Address:	tian

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**

2022 HAR 28 PH 4: 23

CIII Janitorial & Maintenance LLC

(Name of the Limited Liability Company as it now appears on our records) (NETRALY OF STATE

		""" SEE, FL
e Articles of Organization for this Limited Liability Compar	ny were filed on <u>02/14/2022</u>	and assigned
orida document number 1.22000092875		
is amendment is submitted to amend the following:		
If amending name, enter the new name of the limited li-	ability company bere:	
e new name must be distinguishable and contain the words "Limited Lia	ibility Company," the designation "LLC	" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
rincipal office address MUST BE A STREET ADDRESS)		
nter new mailing address, if applicable:		
failing address MAY BE A POST OFFICE BOX)		<u>.</u>
If amending the registered agent and/or registered offic	e address on our records, <u>enter</u>	the name of the new regis
ent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address:	Enter Florida street addre	
New Registered Office Address:	Enter Florida street addre	

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 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>	<u>Address</u>	Type of Action
MGR	Anthony Christopher Vizzari	21 Hillcrest Ave	□Add
		St. Catharines, ON, L2R 4Y2 CA	□Remove
			≡ Change
			□Add
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ective date, if other than to effective date is listed, the date is	he date of filing: must be specific and cannot be	prior to date of filing or n	optiona (optiona) nore than 90 days after filin	l) g.) Pursuant to 605.020
te: If the date inserted in this ument's effective date on the			ig requirements, this dat	e will not be listed a
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cord specifies a delayed effects filed.	tive date, but not an effect	ive time, at 12:01 a.m.	on the earlier of: (b)	he 90th day after the
ed	2022			
			ne-	
	/رد			
	Signature of a member or	authorized representative		

Filing Fee: \$25.00