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H24000 2425S1 3 COVER LETTER

TO: Registration Section Division of Corporations

P&H JANITORIAL SERVICES LLC SUBJECT: _____

Name 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:

HECTOR DIAZ Name of Person _..._ Firm/Company 3469 W VINE ST Address KISSIMMEE, FL 34741 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: HECTOR DIAZ 407 948-2352 at (_ Aren Code Daytime Telephone Number Name of Person Enclosed is a check for the following amount: □ \$25.00 Filing Fee ■ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section Division of Corporations **Division of Corporations** P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

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Tallahassee, FL 32303

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H24000242551 3 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	2024 JUL 17 AM 3: 44 TAELAHASSET FEDRING
<u>ds.</u>)	
	and assigned

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P&H JANITORIAL SERVICES LLC

(Name of the Limited Liability Company as it now appears on our record (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were flied on $\frac{03/21/2022}{2000114964}$ and assigned Florida document number $\frac{L22000114964}{2000114964}$.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC"

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 address on our records, <u>enter the name of the new registered</u> <u>agent and/or the new registered office address here</u>:

Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flor	rida Zlp 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 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.

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If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	PATRICIA DIAZ	P.O. BOX 954144	= Add
		LAKE MARY, FL 32795-4144	
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) FILEL 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 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the 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.

07/17/2024

HECTOR DIAZ.

Signature of a member or authorized representative of a member

HECTOR DIAZ.

Typed or punted name of signee

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