L22000118939

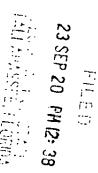
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COVER LETTER

TO: Registration Section Division of Corporations	•
SUBJECT: The House Cleaning Pros of SWF	L
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Kiera Hardiman Name of Person	
The House Cleaning Pros of S	WFL
17592 Taylor Drive R	
Fort Myers, Florida 33908 City/State and Zip Code	
Kiera hardinan (agmail, com E-mail address: (to be used for future annual report notific	ation)
For further information concerning this matter, please call:	
Kiera Hardimoun at (239 822-320) Name of Person Area Code Daytime T	7 ? Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\times \text{Certificate of Status}\$\$ Certificate of Status \$\times \text{Cortified Copy} \\ \text{(additional copy is enclosed)}\$\$	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:Street Address:Registration SectionRegistration Sect	ion

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

The House Cleanin (Name of the Limited Liability (A Florida	o Pros of ity Company as it now s a Limited Liability Comp	SWFL appears on our records. any))
The Articles of Organization for this Limited Liability C Florida document number <u>L22000118939</u>	Company were filed o	on 60 03 08	2022 and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	nited liability compa	ny here:	
The House Pros of The new name must be distinguishable and contain the words "Lin	SWFL nited Liability Company,	LLC" the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDI	RESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
(Mutting address MAT BE A FOST OFFICE BUA)		-	
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on	our records, <u>enter t</u>	he name of the new registered
Name of New Registered Agent:			
New Registered Office Address:	Ent	er Florida street address	
		, Flo	rida
	City		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 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
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Effective dan	te, if other than the date of filing: late is listed, the date must be specific and cannot be prior to date of filing or more	(optional) than 90 days after filing.) Pursuant to 605,020
	date inserted in this block does not meet the applicable statutory filing reffective date on the Department of State's records.	equirements, this date will not be listed a
record speci d is filed.	files a delayed effective date, but not an effective time, at 12:01 a.m. on	the earlier of: (b) The 90th day after the
Dated <u>Se</u> j	Signature of a member or authorized representative of	
	V- 11 15	
	Meis Tardine	

Filing Fee: \$25.00