Florida Department of State Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GILMAN CIOCIA INC.

Account Number : I20120000051 Phone : (305)937-7773 Fax Number : (815)301-2897

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NEW FLORIDA PRO CLEANING LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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Help

ARTICLES OF AMENDMENT. TO ARTICLES OF ORGANIZATION OF

NEW FLORIDA PRO CLEANING LLC		
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company v Florida document number L22000120367	were filed on MARCH 9, 2022	_ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
NEW PRO CLEANING LLC		
The new name must be distinguishable and contain the words "Limited Liabilit	ry Company," the designation "LLC" or the abbre-	viation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		
Enter now mailing adduses if applicables		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office ad	idress on our records, enter the name o	f the new registered
agent and/or the new registered office address here:		
		20.
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	72 F
	, Florida	
	City	Zip Code T
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree	e to get in this equacity. I further gover	to comply with the
provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr	erformance of my duties, and I am fami	iliar with and

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>	Name	Address	Type of Action
			□Add
			□Removc
:			①Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
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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 instructed in his blook does not meet the applicable statutory filing requirements, this date will not be listed as a document's effective date on the Department of State's records. The ercoord 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 dis filed. Juled JUNE 22 2022 Signature of a member or authorized representative of a member VADIM KRASNOPOLSKI					.			<u>-</u> -			
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