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(Rec	questor's Name)	<u> </u>
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	





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COVER LETTER

	Registration Se Division of Cor			
SUBJEC		nstruction & Cleaning LLC		
SUBJEC	.l:	Name of Lin	nited Liability Company	
The enck	osed Articles of	Amendment and fee(s) are sub-	omitted for filing.	
		ondence concerning this matter	-	
		Michael Canino		
			Name of Person	,
		Canino Construction & Cl	eaning LLC	
			Firm/Company	
		173 Portofino Drive		
			Address	
		North Venice, FL 34275		
			City/State and Zip Code	
		mike.p.canino@gmail.com		
For furthe	er information c	E-mail address: (oncerning this matter, please c	to be used for future annual report not all:	ification)
Michael (Canino		941 240-0205 at ()	
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed	is a check for th	ne following amount:		
■ \$25.0	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 Addres Registration S Division of C P.O. Box 632 Fallahassee, F	Section orporations 7	Street Address: Registration Se Division of Con The Centre of T 2415 N. Monro	rporations

Tallahassee, FL 32303

- ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

oility Company as it now appears on our recor ida Limited Liability Company)	<u>ds.</u>)
Company were filed on 03/14/2022	and assigned
mited liability company here:	
imited Liability Company," the designation "LLC	C" or the abbreviation "L.L.C."
nprcci	
<u></u>	
	
	
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red office address on our records, enter	the name of the new regist
:	
Enter Florida street addre:	ss.
•	•
, F1	orida Zip Code
	Company were filed on 03/14/2022 mited liability company here: imited Liability Company." the designation "LLO DRESS) red office address on our records, enter : Enter Florida street addres. File

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
			□Remove
			□Change
			□Add
			□Remove
			□Change
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ctive date, if other than the date of effective date is listed, the date must be specif	ific and cannot be prior to date	of filing or more than 90 days after	ional) er filing.) Pursuant to 605.02
2. If the date inserted in this block does ment's effective date on the Department	s not meet the applicable so nt of State's records.	tatutory filing requirements, th	is date will not be listed
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ord specifies a delayed effective date, b	out not an effective time, at	12:01 a.m. on the earlier of: (b) The 90th day after th
filed.			
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Typed or printed name of signee