(((H23000090384 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : I20180000011 Phone : (844)386-0178 Fax Number : (214)317-4754

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

mai.	l Ad	ldr	2	55	:_	
------	------	-----	---	----	----	--

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **BAJUS CLEANING GROUP LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help MAR 1 0 2023

To: 18506176383 From: 14693173436 Date: 03/09/23 Time: 4:14 PM Page: 02/04

(((H23000090384 3))) ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H23000090384 3)))

(A Florida Limited	ny as it now appears on our records.) Liability Company)	
he Articles of Organization for this Limited Liability Company	were filed on	and assigned
Torida document number L22000133115		
This amendment is submitted to amend the following:		
x. If amending name, <u>enter the new name of the limited liab</u>	ility company here:	
he new name must be distinguishable and contain the words "Limited Linbi	lity Company," the designation "LLC" or t	he abbreviation "L.L.C."
inter new principal offices address, if applicable:	953 Brimpton Place	
Principal office address MUST BE A STREET ADDRESS)		
	Rockledge, FL. 32955	
inter new mailing address, if applicable:	953 Brumpton Place	
Mailing address MAY BE A POST OFFICE BOX1		
	Rockledge, FL. 32955	
s. If amending the registered agent and/or registered office :	address on our records, enter the	name of the new regist
gent and/or the new registered office address here:	, <u></u>	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
New Registered Office Address:		 इं
New Registered Office Address:	Enter Florida street address , Florida	Ziv Qde
New Registered Office Address:	Ciņ , Florida	Zip Gile
	Ciņ , Florida	Zip Gife

If Changing Registered Agent, Signature of New Registered Agent

To: 18506176383 From: 14693173436 Date: 03/09/23 Time: 4:14 PM Page: 03/04

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

(((H23000090384 3)))

AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			□ Change
**************************************	***************************************		□Add
			□ Remove
			□Change
·····	<u></u>		
			□Remove
			Change
			□Remove
			□ Change
.			□Add
			□ Remove
			☐ Change
***	***	-	□Add
	(((H23000090384 3)))		□Remove
			∐Change

To: 18506176383 From: 14693173436 Date: 03/09/23 Time: 4:14 PM Page: 04/04

	(((H23000090384 3)))
amending any other informati	lon, enter change(s) here: (Attach additional sheets, if necessary.)
	
	
·	
* ************************************	
 ;	1
 -	
factive data if athousthan the de	oto of filing.
fective date, if other than the da n effective date is listed, the date must b	ate of filing:(optional) see specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.03
<u>de:</u> If the date inserted in this block	k does not meet the applicable statutory filing requirements, this date will not be listed
cument's effective date on the Depa	artment of State's records.
ecord specifies a delayed effective d	date, but not an effective time, at 12.01 a.m. on the earlier of: (b) The 90th day after the
is filed.	
12-1	
February 28 ted	2023
	/ \ \ \
Si	ignature of a member or authorized representative of a member
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
ADAM I BAJUS	\sim

(((H23000090384 3)))