L22000142855

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COVER LETTER

Tallahassee, FL 32314

	tion Section of Corporations	•	ė
	LEANING SOLUTIONS LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Artic	eles of Amendment and fee(s) are sub	omitted for filing.	
Please return all co	orrespondence concerning this matter	to the following:	
	Julio Molina		
		Name of Person	
	Julio Molina PA		
		Firm/Company	
	2002 Curry Ford Rd		
		Address	
	Orlando, Fl. 32806		
		City/State and Zip Code	
	E-mail address: (to be used for future annual report no	tification)
For further informa	ation concerning this matter, please c	all:	
Julio Molina		407 228-47-57	
1	Name of Person	at () Area Code Daytii	ne Telephone Number
Enclosed is a chec	k for the following amount:		
■ \$25.00 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 A		Street Address:	agtion
	tion Section of Corporations	Registration Se Division of Co	
P.O. Bo		The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The ED

JR CLEANING SOLUTIONS LLC

2022 JUL 29 AH 11: 28

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{03/23/2022}{2}$ Florida document number <u>L22000142855</u> 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 "L.L.C." 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, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida

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 Changing Registered Agent, Signature of New Registered Agent

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
MGRM	Rafael Antonio Simo	5873 N Rhett Ave Apt 23C Hanahan, SC 29410	= Add
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			□Change
			□Add
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	ies a delaved effe	ective date, but no	ot an effective tin	ne, at 12:01 a.m. or	n the earlier of: (b)	The 90th day aft	er the
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d is filed.			2007	7.			
d is filed.		ma Po	. 2022 nalta	rized representative o			

Filing Fee: \$25.00