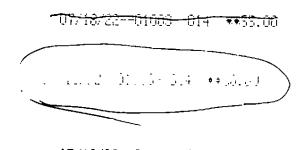
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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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97/19/23--01003--014 **50.00 **50.00 **50.00 **50.00 **50.00 **50.00



COVER LETTER

Division of Corpo				
SUBJECT: FM end	ez Cleaning & Namoof Lin	- Maintenance LLC nited Liability Company		
The enclosed Articles of Art	nendment and fee(s) are sub	omitted for filing.		
Please return all correspond	ence concerning this matter	to the following:	07/19/22	,01003-010
	David	Name of Person		\$50
		Firm/Company		
	654 Banyan	Caual Dr. WPC), FI 13341S	2922
For further information con-		City/State and Zip Code Any and com (to be used for fugure annual report not	fication)	19 M 9: 30
Name of Po	1 Mendez	at (561) 635	9247 e Telephone Number	_
Enclosed is a check for the (following amount:			
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing F Certificate of S Certified Copy (additional copy i	Status &
Mailing Address: Registration Sec	ction	Street Address: Registration Se	ction	

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

D Mendez Construction	LL(
(Name of the Limited Liability Compai (A Florida Limited L	ny as it now appears on our records.) iability Company)	
	-1-1	
The Articles of Organization for this Limited Liability Company	were filed on 3 30 202	and assigned
Florida document number <u>L 22 000 153368</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
F Mendez Cleaning & Maintena	nce UC	<u></u>
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	654 Bampy C	anal Dr.
(Principal office address MUST BE A STREET ADDRESS)	West Palm Beac	2h, Fl, 33415
		1 .
Enter new mailing address, if applicable:		anal DC
(Mailing address MAY BE A POST OFFICE BOX)	West Palm Beach	F1 33415
		<u>~</u>
B. If amending the registered agent and/or registered office a	ddress on our records, enter the	name of the new registered
agent and/or the new registered office address here:		
		73 5
Name of New Registered Agent:		
New Registered Office Address:		170 6 D
	Enter Florida street address	: 30 FATE
	, Floric	
	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>	Name	Address	Type of Action
P	David Mendez	654 Bauyan Canal D. West Palm Beach, Fl, 33	□Add
		West Palm Beach, F1, 33	<u>∐</u> □Remove
			□ Change
		AHASSEE C	☐ Remove
		FL	op □ Add
			□Remove
			Change
			🗆 Add
			□Remove
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an effective dat ote: If the da	te is listed, the date rate inscribed in this	the date of filing: must be specific and c s block does not me e Department of Sta	annot be prior to cet the applicabl	date of filing or more statutory filing	e than 90 days af	tional) ter filing.) Pu his date wil	irsuant to 6 Il not be li	05.026 sted a
record specifi is filed.	es a delayed effec	ctive date, but not a	n effective time	, at 12:01 a.m. or	the earlier of:	(b) The 9	0 th da y af	ier the
ited			Southerize	ed representative o	f a niember			
		Signature of a fly	mber or authoriz	ed representative of	f a member			