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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filling Officer:

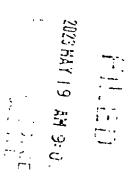
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7/18/23 VLN



COVER LETTER

Division of Corporations
SUBJECT: TY Family Cleaning Services, LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
Vanile He Gonzalez
JY Family Eleaning Services, LCC
145 Grove Branch Pd
Winter Haven Fl 33880 City/State and Zip Code
Vanie de 89 amail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
VanileHe Contested at (Sto3) 288-5603 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: 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

(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 April 12, 2022 and assigned Florida document number <u>L2200158230</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 "LLC."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) [Principal office address MUST BE A STREET ADDRESS] [Winter Haven F1, 33880]
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: no change
New Registered Office Address: Enter Florida street address Florida
City Zlp 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 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>	Name	Address	Type of Action
MGR	Vanilette Consorte	2 145 Grove Brunch! Winter Howen F1, 3	Zeli Dad
		Winter Howen F43	Remove
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ame:	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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in ette o <u>te:</u>	ive date, if other than the date of filing:
ecore is file	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after thed.
ted _	May 17, 2023 Versignature of a member of authorized representative of a member

Filing Fee: \$25.00