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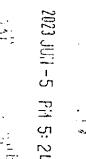
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(ON) ONE COLOR IN THE COLOR IN
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

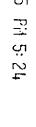




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C/ 4/28/2013

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Co	rporations		
SUBJECT: Bra	5 Cleaning 2 Name of Li	In stallation, LLC	1
		. ,	
The enclosed Articles of	Amendment and fee(s) are cu	hmitted for filing	
		ū	
riease return an correspo	ondence concerning this matte	r to the following:	
	Rafilda	Souza	
		Name of Person	
	Bras Clea	ring & Installat	ion LLC
	101 Bill	iar Are NE	
	enclosed Articles of Amendment and fee(s) are submitted for filling. Bras Cleaning & Installation, LLC Name of Person Bras Cleaning & Installation Bras		
	Palm Bay	Florida 32907	
		City/State and Zip Code	
	rafilda_gil	vane @ hotmail cor	n
			fication)
For further information co	oncerning this matter, please c	all:	
Parilda So	1,2a	PAU Co	0.500
Name of	Person	at (<u>804</u>) 852 - Area Code Daytime	e Telephone Number
		·	
Enclosed is a check for the	e following amount:		
☐ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
Mailing Address:		Street Address:	
Registration So	ection	Registration Sec	
Division of Co P.O. Box 6327			
1.0.150.0527		The Centre of Ta	manassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Dras Cleaning ? Ins	tallation, LLC	ZUZ3 JU1 =	5 PH 5: 24
(Name of the Limited Liabi (A Floric	lity Company as it now appears of da Limited Liability Company)	1 our records.)	
The Articles of Organization for this Limited Liability (Florida document number	Company were filed on4	18 2022	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin			
Gleaning Touch Cleaning Ser The new name must be distinguishable and contain the words "Lin	mited Liability Company," the desig	nation "LLC" or the abbro	eviation "L.1 .C."
Enter new principal offices address, if applicable:		·	
(Principal office address MUST BE A STREET ADD	<u> </u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		rds, <u>enter the name</u>	of the new registere
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida	street address	
		, Florida	
	Ciţy	, i iorida	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 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
			DAdd
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			🗆 🗅 Add
			□Remove
			🗆 Change
			□Add
			□Remove
			□Change
<u>_</u>			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change

Iffective date, if other than the date of filing: (optional)		_
ffective date, if other than the date of filing:		
ffective date, if other than the date of filing:		_
ffective date, if other than the date of filing:		_
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ffective date, if other than the date of filing:		_
ffective date, if other than the date of filing:		_
an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a ocument's effective date on the Department of State's records. record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the list filed. ated 05-30-2023 Signature of a member or authorized representative of a member		
an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 tote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a ocument's effective date on the Department of State's records. record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the list filed. ated 05-30-2023 Signature of a member or authorized representative of a member		
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an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 tote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a ocument's effective date on the Department of State's records. record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the list filed. ated 05-30-2023 Signature of a member or authorized representative of a member	ffective date if other than the date of filing: (ontional)	
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Signature of a member or authorized representative of a member		ter the
	ated <u>05-30-2023</u>	
	Signature of a member or authorized representative of a member	
active min	Rofildo Sou Do. Typed or proced name of signee	