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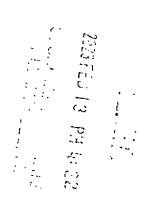
(Requestor's Name)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

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COVER LETTER

тō:

TO: Registration Solution of Co		• ,	
INV INT	ERIOR CLEANING SERVICE	ES LLC	2
SUBJECT: 		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	NELSON MALDONADO		
		Name of Person	
	LIBERTY TAX		253
	.	Firm/Company	
	2301 DEL PRADO BLVD	S SUITE 850	223 FEB 13 Pil 4: 2
		Address	
	CAPE CORAL FL 33990		
	NELSON@LIBERTYTAX	City/State and Zip Code	r : 10
		to be used for future annual report not	ification)
For further information of	concerning this matter, please c	all:	
NELSON MALDONADO		239 574-8297 at ()	
Name of Person		Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he 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 Address Registration Division of O P.O. Box 632 Tallahassee.	Section Torporations 27	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro Tallahassee, FI	rporations Fallahassee be Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INV INTERIOR CLEANING SERVICES LLC

(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	iy as it now appear ability Company)	on our records.)	
The Articles of Organization for this Limited Liability Company of the Linds of Organization for this Limited Liability Company of the Linds of the	were filed on	APRIL 22, 2022	and assigned
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limited liabi</u>	lity company he	<u>re</u> :	
INV SERVICES LLC			
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the de	signation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:			[2]
(Principal office address MUST BE A STREET ADDRESS)		=======================================	1 60 1 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
		e' -	: = ! :
Enter new mailing address, if applicable:		_	
(Mailing address MAY BE A POST OFFICE BOX)		- -	25 10
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our re	cords, <u>enter the name</u>	of the new registe
Name of New Registered Agent:			
New Registered Office Address:	Enter Flori	da street address	
		Florida	
	City		Zip Code

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, <u>enter the title, name, and address of each person_being added of removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			□ Change
			□Remove
			□Change
			☐ Change
			□Add
,			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

Typed or printed name of signee