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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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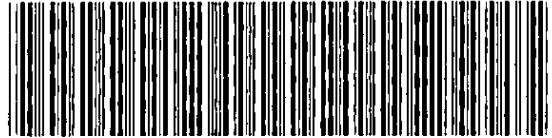
(Business Entity Name)

(Document Number)

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02/14/24--01017--018 **25.00

2001 FEB 14 PM 2:05

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cyclone Contracting Services, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Maria I. Vizzarrondo

Name of Person

Firm/Company

255 Rivertown Shops Dr, Suite 102

Address

St. Johns, FL 32259

City/State and Zip Code

maria.v@cyclonecs.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maria I. Vizzarrondo

Name of Person

at (904)

Area Code

752-0580

Daytime Telephone Number

Enclosed is a check 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 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**

Cycione Contracting Services, LLC

(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 04/27/2022 and assigned Florida document number L22000199929.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Cycione Cleaning Solutions, LLC

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)

255 Rivertown Shops Dr

Suite 102-181

St. Johns, FL 32259

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

255 Rivertown Shops Dr

Suite 102-181

St. Johns, FL 32259

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

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 Changing Registered Agent, Signature of New Registered Agent

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OK
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2024 FEB 14 PM 2:06

(If 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 605.0207 (3)(b)

If the 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 record is filed.

Dated January 31, 2024

Mani Mukherjee

Signature of a member or authorized representative of a member

Mancini I. Vizzani

Typed or printed name of signee

Filing Fee: \$25.00