## KA2000199929

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## **COVER LETTER**

Cyclone Cyclone	Cleaning Solutions, LLC	
SUBJECT:	Name of Limited Liability Company	
The enclosed Articles	of Amendment and fee(s) are submitted for filing.	
Please return all corres	spondence concerning this matter to the following:	
	Maria I. Vizcarrondo	
	Name of Person	
	Firm/Company	
	255 Rivertown Shops Dr. Suite 102-181	
	Address St. Johns, FL 32259	
	City/State and Zip Code	
	mariav@cyclonecs.com  E-mail address: (to be used for future annual report notification)	
For further informatio	n concerning this matter, please call:	
Maria I. Vizcarrondo	904 752-0580 at ()  e of Person Area Code Daytime Telephone	Number
Nam	e of Person — Area Code — Daytime Telephone	Sunne
Enclosed is a check fo	or the following amount:	
■ \$25.00 Filing Fee	Certificate of Status Certified Copy (additional copy is enclosed)	60.00 Filing Fee. Pertificate of Status & Pertified 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

Cyclone Cleaning Solutions, LLC		
( <u>Name of the Limited Liability Con</u> (A Florida Limite	npany as it now appears on our record ed Liability Company)	<u>(x.)</u>
he Articles of Organization for this Limited Liability Compa	my were filed on 04/27/2022	and assigned
orida document number 1.22000199929		
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited li	ability company here:	
'yelone Contracting Services, LLC		
ne new name must be distinguishable and contain the words "Limited Li	ability Company." the designation "LLC	" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		755 CA
<u> Principal office address MUST BE A STREET ADDRESS)</u>		<u></u>
		T21 AH
nter new mailing address, if applicable:		AH 10
Aailing address MAY BE A POST OFFICE BOX)		
. If amending the registered agent and/or registered officent and/or the new registered office address here:  Name of New Registered Agent:	ce address on our records, <u>enter</u>	the name of the new registe
Name Descriptional Office Address:		
New Registered Office Address:	Enter Florida street addre	38
		lorida
<del></del>	Chy	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>	<u>Name</u>	<u>Address</u>	Type of Action
			□Add
			□Remove
			□Change
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Effective date, if other than the If an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	block does not meet th	he applicable stat	filing or more than utory filing requi	(optional 90 days after filin rements, this dat	l) g.) Pursuant to 605.0 e will not be listed	0207 ( d as t
ne record specifies a delayed effect ord is filed.	ive date, but not an ef	Tective time, at 1	2:01 a.m. on the c	earlier of: (b)	The 90th day after	the
Dated October 14	20	24				
	Signature of a member	er or authorized rei	presentative of a me	mber		
	orginature (if a incline	er or authorized rej	nesemanye vi a me			
Maria I. Vizcarrondo		ad or printed name	<u> </u>			

. . . .

Filing Fee: \$25.00