L22001200964

| (Re | questor's Name) | |
|-------------------------|-------------------|-------------|
| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | y/State/Zip/Phone | ÷ #) |
| PICK-UP | WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| (Do | cument Number) | |
| Certified Copies | Certificates | of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



200406450362

04/21/23--01008--029 **25.00



S FROM MEIN

COVER LETTER

| TO: Registration S Division of Co | | | · |
|--------------------------------------|---|---|---|
| SHO IDAY | | ERAL CLEANING LLC | |
| SUBJECT: | | nited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for filing. | |
| Please return all correspondence | ondence concerning this matter | to the following: | |
| | Z | ACHARY T ZACHARY | |
| | | Name of Person | |
| | SOUTHSTAR | GENERAL CLEANING LLC | |
| | | Firm/Company | |
| 8470 ENTERPRISE CIR, SUITE 120 | | | |
| | | Address | |
| | LAKE | EWOOD RANCH, FL 34202 | |
| | | City/State and Zip Code | |
| | | | |
| For further information c | E-mail address: (concerning this matter, please c | to be used for future annual report no all: | stification) |
| ZAC | CHARY T CASH | 941 724-3070 | |
| Name o | of Person | | me Telephone Number |
| Enclosed is a check for the | 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 Addres Registration 5 | | Street Address: Registration S | ection |
| Division of Corporations | | Division of Corporations | |
| P.O. Box 632 Tallahassee, I | | The Centre of 2415 N. Monr | Tallahassee oe Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| SOUTHSTAR GENERAL (| CLEANING LLC | | |
|--|--|--------------------------|----------------------------|
| (<u>Name of the Limited Liability Compa</u> (A Florida Limited I | ny a <u>s it now appea</u> Liability Company) | rs on our records.) | |
| The Articles of Organization for this Limited Liability Company | were filed on | 04/27/2022 | and assigned |
| Florida document number | | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liab | ility company h | <u>ere</u> : | |
| SOUTHSTAR CONSULTING GROUP LLC | | | 73 |
| The new name must be distinguishable and contain the words "Limited Liabil | ity Company," the c | lesignation "LLC" or I | the abbre viation "L.L.C." |
| Enter new principal offices address, if applicable: | 8470 ENTERI | PRISE CIR | 9 |
| Principal office address MUST BE A STREET ADDRESS) | SUITE 120 | | |
| | LAKEWOOD | RANCH, FL 34202 | S = -9 |
| Enter new mailing address, if applicable: | | | 0: 23 E. FL |
| Mailing address MAY BE A POST OFFICE BOX) | | | |
| • | | | |
| 3. If amending the registered agent and/or registered office a gent and/or the new registered office address here: | ddress on our r | ecords, <u>enter the</u> | name of the new regist |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| - | Enter Flor | ida street address | |
| | | | 1 |
| | City | | Ziv 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> | Address | Type of Action |
|--------------|-------------|--------------|----------------|
| | | | □Add |
| | | | □Remove |
| | | | □Change |
| | | | □Add |
| | | | □Remove |
| | | | □ Change |
| | | | □ Add |
| | | | □Remove |
| | | | □ Change |
| | | | □Add |
| | | | □Remove |
| | | | □Change |
| | | - | |
| | | | □Remove |
| | | | □Change |
| | | | □ Add |
| | | | □Remove |
| | | | |

| | | | | |
|---|--|-----------------------------|--|---------------------------|
| | | | | |
| | | | | |
| | | • | · · · · · · · · · · · · · · · · · · · | |
| | | | | |
| | | • | | |
| | | - | | |
| | | | | |
| | | | | |
| | , | | | |
| | | | | |
| | | | | |
| | , | | | |
| - | , | | | |
| · | | | | |
| | | | | |
| - | | | | |
| | | | | |
| | | | · · | |
| | | | | |
| ctive date, if other than the defective date is listed, the date must be: If the date inserted in this blocument's effective date on the Dep. | e specific and cannot be prior to k does not meet the applicab | date of filing or more than | (optional) 90 days after filing.) Pursuant tements, this date will not b | to 605,020 be listed : |
| ord specifies a delayed effective of filed. | late, but not an effective time | e, at 12:01 a.m. on the e | arlier of: (b) The 90th da | y after th |
| d APRH. 5TH | | | | |
| 7 | <u> </u> | | | |
| Si | cuature of a member or authoriz | zed representative of a me | nber | |
| | | | | |