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COVER LETTER

Division of Co		GENERAL GERVIGEGIA G	
SUBJECT:		GENERAL SERVICES LLC	- '8
	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fec(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	GEOV	ANNY S GUEVARA ARIAS	
		Name of Person	
		Frui/Company	
	2954 1	DREW STREET APT 1113	[%]
		Address	, ,
		CLEARWATER, FL 33759	<u> </u>
		City/State and Zip Code santygga@gmail.com	′ ;
	E-mail address: (to be used for future annual report notif	dication)
For further information	concerning this matter, please c	all:	
GEOVANNY S GUEV	'ARA ARIAS	727 314-9338 at ()	
Name	of Person	Area Code Daytime	e 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 radditional copy is enclosed.
Mailing Addre Registration	Section	Street Address: Registration Sec	
Division of (P.O. Box 63	Corporations 27	Division of Cor The Centre of T	•
Tallahassee.			e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SANTY'S CLEAN AND GENERA	AL SERVICES LL	C	
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appea Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Company Torida document number 1.22000200997	were filed on	04/27/2022	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	pility company h	еге:	
he new name must be distinguishable and contain the words "Limited Liab	ility Company," the c	designation "LLC" or the	he abbreviation "L.L.C."
Inter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)			

nter new mailing address, if applicable:			,
	-		()
Mailing address MAY BE A POST OFFICE BOX)			
			· (D)
. If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our t	ecords, <u>enter the i</u>	name of the new regist
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flo	rida street address	
		, Florida	
	Ciţy		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>	Address	Type of Action
MGR	GEOVANNY S GUEVARA ARIA	2954 DREW STREET APT 1113 CLEARWATER.	Fl ≣Add
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			□Change
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Tective date, if other than the date in effective date is listed, the date must be spate: If the date inserted in this block decument's effective date on the Department.	oes not meet the applicat	date of filing or more the	(optional) an 90 days after filing.) Pur uirements, this date will	rsuant to 605.02
ecord specifies a delayed effective date is filed.	e, but not an effective tim	e, at 12:01 a.m. on the	earlier of: (b) The 90	th day after the
July, 26	3022			

Typed or printed name of signee