## L220002030 11

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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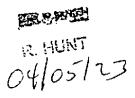
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Garage Grand Grand Company

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## **COVER LETTER**

Division of Co				
	Cleaning Service LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspond	ondence concerning this matter	to the following:		
	Lorena Aragon			
		Name of Person		(2) 124 15년
	Velasquez Cleaning Service	re	7 f	505 E282
		Firm/Company		July 1
	29906 Morningmist DR		SSE BSSE	-5 PM 1:01
		Address	Ta S	
	Wesley Chapel Fl 33543			9
	<del></del>	City/State and Zip Code		
	lorenaaragon54@gmail.com			
	E-mail address: (	to be used for future annual report no	otification)	
For further information (	concerning this matter, please c	all:		
Lorena Aragon		908 290-6608 at ()		
Name (	of Person	Area Code Dayti	me Telephone Number	-
Enclosed is a check for t	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 For Certificate of Societified Copy tadditional copy is	Status &
Mailing Addre		Street Address:	aution	
Registration Division of O		Registration S Division of Co		
P.O. Box 632		The Centre of	-	
Tallahassee,	FL 32314	2415 N. Mont	oe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Velasquez Cleaning Service LLC		
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our record Liability Company)	<u>(s.</u> )
The Articles of Organization for this Limited Liability Company	were filed on 04/28/2022	and assigned
Florida document number L22000203022		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
Velasquez Multi Service LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity 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)		= 12
Trincipal office address MUST BE A STREET ADDRESS		
		大型 み 1
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
		<u>mi — </u>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter</u>	the name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Constitution 12	
	Enter Florida street addres	3
		orida
	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 compty 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
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reffective date is listed, the di te: If the date inserted in	ite must be specific a this block does no	and cannot be prior t meet the applic	to date of filing or able statutory fi	more than 90 days a ling requirements.	tler filing.) Purs this date will :	uant to 605,02 not be listed
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