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(Rec	questor's Name)	
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PICK-UP	MAIT	MAIL
(Bu	siness Entity Nam	e)
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only

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COVER LETTER

TO: Registration Se Division of Cor					
CARTES BEACHES	HA CLEANING LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Franklin Soares da Cunha				
		Name of Person		-	
	F&J Cunha LLC				
		Firn/Company		•	
	11803 WILDFIRE WAY			٠,	27
		Address			22
	TAMPA, FL 33635				2022 NOV 2
		City/State and Zip Code		25°C	
	franklin.cia@hotmail.com			(7) (2)	
For further information c	E-mail address: (oncerning this matter, please c	to be used for future annual report not all:	ification)	声影	1:30
Damian Gaitan		727 485-3004			
Name o	f Person		ne Telephone Number	г	
Enclosed is a check for the	ne following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Statu	
Mailing Address		Street Address:	wtion		
Registration S Division of C		Registration Se Division of Co			
P.O. Box 632	27	The Centre of	Γallahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ty Company as it now appears on our recor a Limited Liability Company)	<u>ds.</u>)
Company were filed on 05/02/2022	and assigned
·	
ited liability company here:	
nited Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
RESS)	2/122 SEC T.
	22
	717 T
	' m o
d office address on our records, <u>ente</u>	r the name of the new regist
Enter Florida street addre	235
, F	loridaZip Code
	ited liability company here: ited Liability Company," the designation "LL: RESS) Enter Florida street address., F

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>	Name	<u>Address</u>	Type of Action
AMBR	CUNHA, FRANKLIN S	11803 WILDFIRE WAYTAMPA, FL 33635	🗆 Add
			≅Remove
			Change
AMBR	F&J Cunha LLC	H803 WILDFIRE WAYTAMPA, FL 33635	
			□Remove
			□Change
			2020Add
		7×5 	Remove
			် ∄Change ် ု ယ
			τί Ο □Add
			□Remove
			🗆 Change
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			□Remove
			□Change

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Frective date, if other than the date of filing: O5/02/2022							
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