KZ2000209594

(Requestor's Name)
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(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Document Number)
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COVER LETTER

Division of Corporations	
Lady Laura Cleaning Service LLC	
Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Desiderio Cardona Name of Person	
Lady Laura Cleaning Services Firmicompany	
2644 CTTrys Key Lime CT	
NAPIES, FI 34120 City/State and Zip Code	
LACY Laura Cleaning & GMail (10 M) E-mail address: (to be used for future annual report notification)	207
For further information concerning this matter, please call:	2022 JUN 16 AH
EVELYN Cardona at (570) 856-8060 Name of Person Area Code Daytime Telephone Number	5
Name of Person Area Code Daytime Telephone Number	œ.
Enclosed is a check for the following amount:	55 2
(additional copy is enclosed) Certified	e of Status &

·TO:

Registration Section

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**

TO		
ARTICLES OF OR	RGANIZATION	C. Fine wind
OF	•	
•		
Lady Laura Cleaning Service LLC		4x) 8: 23
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our recor	ds)
(A Florida Limited Lia	ibility Company)	. 0,
The Articles of Organization for this Limited Liability Company w	rere filed on	and assigned
Florida document number L22000209594		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty company here:	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		_
Enter new mailing address, if applicable:	<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	dress on our records, <u>ente</u>	r the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	255
	F	lorida
	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 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	Address	Type of Action
<u>AMB</u> R	Desiderio Cardona	2644 CITTUS Key Lime CT	Add
		NAPLES FI 34120	Remove
			Change
MGR	EVELYN Cardona	2644 CITTUS Key Lime C	∏ Add
		NAPIES FI 34120	Remove
			Change
			Add
			Remove
			Change
			🗖 Add
			Remove
			Change
			Add
			Remove
			Change
			Add
			Remove
			Change

i. If amen	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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-		
(If an effect: Note: If	e date, if other than the date of filing:	0207 (3 d as th
ne record s ord is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after it.	the
Dated	6/10/22 . Janalone	
	Signature of a member or authorized representative of a member	
	EVELVIV (AIEDONIA Typed or printed name of signee	