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(Re	equestor's Name)	
(Ac	ldress)	
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(Cit	ty/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
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## **COVER LETTER**

TO: Registration So Division of Co		_	5	
	ANING SERVICES LLC	•	•	
SUBJECT:		nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Rosa Ortiz			
		Name of Person	<del>.</del>	
	NTO CLEANING SERVI	CES LLC		
		Firm/Company	<del></del>	
	4626 Windstar Dr			22 S
		Address	·····	SEP
	Destin, Florida 32541			22 SEP 12 PM 3: 31
	*****	City/State and Zip Code		PH 3
	ntocleaningservicesllc@gm			3: 31
		to be used for future annual report not	ification)	_ x
For further information of	concerning this matter, please of	all:		
Rosa Ortiz		850 708-5345 at ( )		
Name o	of Person		ne Telephone Number	-
Enclosed is a check for t	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 For Certificate of \$ Certified Copy (additional copy is	tatus &
<u>Mailing Addre</u> Registration		<u>Street Address:</u> Registration Se	ection	
Division of C		Division of Co		
P.O. Box 632	27	The Centre of	Гallahassee	
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NTO CLEANING SERVICES LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company  Torida document number 1.22000257647	were filed on 06/06/2022	and assigned
This amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
Inter new principal offices address, if applicable:		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Principal office address MUST BE A STREET ADDRESS)		2 <u>≤</u> 2
		<del>С</del> Р
		N
nter new mailing address, if applicable:	PO BOX 2943	
Mailing address MAY BE A POST OFFICE BOX)	Deland . FL 32721	မှ 🚎
Mailing address MAT BE A POST OFFICE BOX	Detail 11 C 50 10-1	<u>—                                    </u>
. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the na	me of the new regist
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
-	, Florida _	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
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