h22000253119

| (Requestor's Name) |
|---|
| |
| (Address) |
| |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
| · |
| Certified Copies Certificates of Status |
| |
| |
| Special Instructions to Filing Officer: |
| |
| |
| . , |
| 57,10/6 |
| |
| |
| <u> </u> |

Office Use Only



600390858516

202 JUL 15 PH 5: 04

COVER LETTER

TÒ:

Registration Section

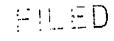
Tallahassee, FL 32314

| Division | of Corporations | |
|-------------------------|--|---|
| | O CLEANING & RESTORAT | TION SOLUTIONS LLC |
| SUBJECT: | Nam | ne of Limited Liability Company |
| | | |
| The enclosed Arti | icles of Amendment and fee(s) | are submitted for filing. |
| Please return all c | correspondence concerning this | s matter to the following: |
| | MARIA JULIA A | LVARADO SUAREZ |
| | | Name of Person |
| | PRO CLEANING | & RESTORATION SOLUTIONS LLC |
| | | Firm/Company |
| | 4751 LUMINOUS | S LOOP APT 215 |
| | | Address |
| | KISSIMMEE FLC | DRIDA 34746 |
| | | City/State and Zip Code |
| | PCRSOLUTIONLI | - |
| | E-mail a | address: (to be used for future annual report notification) |
| For further inform | nation concerning this matter, | please call: |
| MARIA JULIA A | ALVARADO SUAREZ | 407 4178323 at () |
| | Name of Person | at () Area Code Daytime Telephone Number |
| | | |
| Enclosed is a chec | ck for the following amount: | |
| ■ \$25.00 Filing | g Fee S30.00 Filing Fe Certificate of S | |
| | | |
| | Address: | Street Address: |
| | ration Section of Corporations | Registration Section Division of Corporations |
| | ox 6327 | The Centre of Tallahassee |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



2022 JUL 15 PH 5: 04

PRO CLEANING & RESTORATION SOLUTIONS LLC

(Name of the Limited Liability Company as it now appears on our records.) (1115)

| The Articles of Organization for this Limited Liability C | | and assigned |
|---|---|---|
| Florida document number L22000283118 | <u></u> · | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limit | ited liability company here: | |
| The new name must be distinguishable and contain the words "Lim | nited Liability Company," the designation "LI | .C" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDR | RESS) | |
| | | · · · - · · · · · · · · · · · · · · · · |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | _ |
| | | |
| B. If amending the registered agent and/or registered | d office address on our records, ente | er the name of the new registere |
| agent and/or the new registered office address here: | u omee address on our records, eme | ir the name of the new registere |
| | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street addr | ess |
| | , F | Florida |
| | 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 |
|--------------|--------------------------------------|---|----------------|
| AMBR | MARIA JULIA ALVARADO SUĄ RE Ł | 4751 LUMINOUS LOOP APT 215, KISSIMMEE F | LC ≣Add |
| | | | □Remove |
| | | | □Change |
| | | | □Add |
| | | | □Remove |
| | | | Change |
| | | · | □Add |
| | | | □Remove |
| | | | □Change |
| | | | 🗆 Add |
| | | | □Remove |
| | | | □Change |
| | | | □Add |
| | | | □Remove |
| | | | □Change |
| | | · | □ Add |
| | | | □Remove |
| | | | □Change |

| | | | | | _ |
|-----------------------------------|--|------------------------|----------------------------|--|-----------------|
| | | | | · · · · · · · · · · · · · · · · · · · | |
| | . | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | <u></u> | |
| | | | | | |
| | | | | | |
| | | | | | |
| - | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | ··· | |
| | | | | | |
| reffective date is listed | er than the date of filin, the date must be specific and | d cannot be prior to d | ate of filing or more than | (optional) 90 days after filing.) Pursu | ant to 605.020 |
| | ed in this block does not rate on the Department of S | | statutory filing requi | rements, this date will no | ot be listed as |
| cord specifies a dela s filed. | yed effective date, but not | t an effective time, | at 12:01 a.m. on the e | earlier of: (b) The 90th | day after the |
| ed | <u> </u> | 2022 | | | |
| | (1) | 1 1 | | | |
| | Signature of a | Thember or authorize | d representative of a me | mber | |