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SECRETARY OF STATE STATE OF ST

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:	KELLY&KE	ELLY&KELLIAH UNIQUE CLEANER SERVICE LLC				
SUBJECT:	Name of Lim	ited Liability Company				
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspon	ndence concerning this matter	to the following:				
		Sonia Becerra				
		Name of Person	· 			
		Swyft Filings Firm/Company 3 Greenway Plaza #1320 Address Houston, TX 77046				
City/State and Zip Code						
kkserviceforall1@gmail.com						
	E-mail address: (to be used for future annual report not	ification)			
For further information co	oncerning this matter, please c	all:				
Sonia Be	есетта	at ()				
Name of	「 Person	Area Code Daytin	ne Telephone Number			
Enclosed is a check for th	e 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 Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
Mailing Addres Registration S Division of C P.O. Box 632 Tallahassee, f	Section orporations 7	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro Tallahassee, Fl	rporations Fallahassee oc Street, Suite 810			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KELLY&KELLIAH UNIQUE CLEANER SERVICE LLC

(Name	of the Limited Liability Compa (A Florida Limited I	ny as it now appea iability Company)	rs on our records.)	
The Articles of Organization for this	Limited Liability Company	were filed on	07/18/2022	and assigned
Florida document numberL2200	· ·	<u> </u>		
This amendment is submitted to ame	nd the following:			
A. If amending name, enter the ne	w name of the limited liab Kelly&Kelliyah uniq			
The new name must be distinguishable and c	ontain the words "Limited Liabil	tity Company," the c	designation "LLC" or the abl	oreviation "L.L.C."
Enter new principal offices address	, if applicable:	110 EBST 1	Broward blud	fort
(Principal office address MUST BE	A STREET ADDRESS)	Lauderdo	ule, fl 33301	
	•			<u>-</u>
Enter new mailing address, if appli				
(Mailing address MAY BE A POST	OFFICE BOX)		·	
				
B. If amending the registered agen	, -	address on our r	records, <u>enter the nam</u>	e of the new register
agent and/or the new registered off	ice address here:			
Name of New Docistored A				
Name of New Registered A				
New Registered Office Add	<u>ress:</u>	Enter Flo	orida street address	
			, Florida	
		City	, , , , , , , , , , , , , , , , ,	Zip Code
New Registered Agent's Signature, if	changing Registered Agent:			
I hereby accept the appointment as provisions of all statutes relative to accept the obligations of my position being filed to merely reflect a chan company has been notified in writi	o the proper and complete on as registered agent as p ge in the registered office	performance of provided for in (f my duties, and I am f Chapter 605, F.S. Or,	amiliar with and if this document is
	If Char	noine Registered A	gent. Signature of New Reg	ristered Agent

MGR = N AMBR = A	lanager Authorized Member			
<u> Fitle</u>	<u>Name</u>	<u>A</u>	ddress	Type of Action
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Note:	ive date, if oth ective date is liste If the date inser ent's effective o	ted in this block	does not med	t the applic	cable statutor	ng or more than y filing requi	(option 90 days after rements, this	nal) filing.) Pursuant to date will not be	605.0207 (3)(b) listed as the
If the record record is fil		ayed effective o	ate, but not an	effective t	ime, at 12:01	a,m, on the	earlier of: (b)	The 90th day a	ifter the
Dated		- 22	, .	2022	<u></u> .				
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Filing Fee: \$25.00