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PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
-	Office Use Only



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LLC Amend

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2022 SEP 22 AH 11: 49

A. RAMSEY SEP 22 2022

## **COVER LETTER**

TO:

Registration Section Division of Corporations

SUBJECT: Zerbitt Clean	ring LC.
Name	of Limited Liability Company
The enclosed Articles of Amendment and fee(s) a	re submitted for filing.
Please return all correspondence concerning this i	natter to the following:
Paolo	A Mora Rico  Name of Person
	Firm/Company
3811 1	Zeditt Road Address
	Address
<u>Orlan</u>	do / Flori do / 32822.  City/State and Zip Code
	ori 880 hotmail. com.  dress: (to be used for future annual report notification)
For further information concerning this matter, pl	
Paola A Mon RI	at (407) 9234249.  Area Code Daytime Telephone Number
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee □ \$30.00 Filing Fee Certificate of Sta	
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

FILED

9099 SEP 22 PM 12 02

Zerbitt Clean			22 301 22 1112 93
(Name of the Limited Liability (A Florida	v Cor <b>s</b> pany as it no Limited Liability Co	w appears on our records. mpany) - 74	9 135 15
The Articles of Organization for this Limited Liability Co	ompany were file	d on	and assigned
Florida document number	_·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ted liability com	pany here:	_
The new name must be distinguishable and contain the words "Limit	ted Liability Compa	ny," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		_	
Principal office address MUST BE A STREET ADDR.	<u>ESS)</u>		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BON)			
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office address o	on our records, <u>enter t</u>	he name of the new registe
Name of New Registered Agent:		<u></u>	
New Registered Office Address:	<u>-</u>		
-		Enter Florida street address	
	· · · · ·	, Flo	rida
	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 Changing Registered Agent, Signature of New Registered Agent

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

Title	<u>Name</u>	Address	Type of Action
MGR	Paolo A Moro Rico	384 Redditt Road	%Add
			□Remove
			□Change
	· ·		□Add
			□Remove
			□Change
			□Add
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an eff ote:	ive date, if other than the date of filing:
recor l is fi	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
	09/22/2022.
ated	
ated	Pada Morri
ated	Factor Mora Signature of a member or authorized representative of a member

Filing Fee: \$25.00