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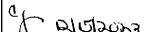
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2023 EEC -4 PT 5: 07



COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: A Touch of R&MS Chaning Services Lhc. Name of Limited Liability Company
my the state of th
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Rosa A. Fernandez.
A Touch of R&M's Cleaning Services Lh(
2555 Dewith Drive
Titus Ville, Fr 32480 City/State and Zip Code atouch of mail. com.
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
ROSA, A. Fernandez. at (404) 558-9784 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Sade Sade Sade Sade Sade Sade Sade Sa
Mailing Address: Street Address: Provietestion Spation

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

A Touch of REM	s Cleaning Services huch in as it now appears on our records.) iability Company)
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) lability Company)
The Articles of Organization for this Limited Liability Company of Florida document number L22009393633	were filed on 8 31 2022 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi A TO UCH OF REM LU The new name must be distinguishable and contain the words "Limited Liability".	<u>C</u> .
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	2023
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
	7
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zin 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 Type of Action Address Title Name MGR Miquel A Ternandez 2555 Dewitt Dr. DANG Titusville FL 32780 XRemove MGR Rosa A. Fernandez 2555 Dewitt Dr. Made THUSUILL FL 32780 | Remove _____ Change _____ Change ______ □Change _____ Remove

______ Change

). If amend	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
Note: lf	date, if other than the date of filing:
f the record s ecord is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated 1	Jovember 29. 2023.
	Rosa Fernandes Signature of a member or juthorized representative of a member
	foratorrardes Rosa Fernandez Typed or printed name of signce

Filing Fee: \$25.00