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COVER LETTER

TO:	Registration Section Division of Corporations		
CI:DI		NG & CLEANING LLC	
SUBJ	EC1:	Name of Limited Liability Company	
The en	nclosed Articles of Amendment a	nd fee(s) are submitted for filing.	
Please	return all correspondence conce	ming this matter to the following:	
	LUIS	C MADARIAGA	
		Name of Person	
	LMC	PAINTING & CLEANING LLC	
		Firm/Company	
	1255	SW 114 WAY	
		Address	22 0
	DAV	TE, FL. 33325	22 0CT -3
		City/State and Zip Code	
	J.UC	HNO_MADA@HOTMAIL.COM	<u> </u>
		E-mail address: (to be used for future annual report notification)	AM 4: 57
For fur	rther information concerning this	matter, please call:	_
	LUIS C MADARIAGA	786 318-6209	
	Name of Person	Area Code Daytime Telephone Number	
Enclos	sed is a check for the following a	mount:	
■ \$2		(additional copy is enclosed) Certified C	of Status &
	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 816 Tallahassee, FL 32303)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LMC PAINTING & CLEANING LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 09/01/2022 The Articles of Organization for this Limited Liability Company were filed on ____ and assigned Florida document number ____L22000390338 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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

<u>Title</u>	<u>Name</u>		Address	Type of Action
MGR	MAGALY J ALV	ARADO	1255 SW 114 WAY	= Add
			DAVIE, FL 33325	□Remove
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If amo	ending any other informa	tion, enter change(s) here: (Attach additional sheets, if necessary.)	
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Effecti	ive date, if other than the	date of filing: (optional)	
Note:	fective date is fisted, the date mus If the date inserted in this blo nent's effective date on the Do	be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60: ek does not meet the applicable statutory filing requirements, this date will not be list partment of State's records.	5.0207 (3) ted as the
e recor rd is fil		date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	er the
Dated	Septembe	30, 2022	
		A ST	
		Signature of a member or authorized representative of a member	
		LUIS C. MADARIAGA Typed or printed name of signee	