8/14/23, 9:16 AM

Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : AMERICA TAX & ACCOUNTING CORP

Account Number : I20200000107 : (305)900-9225 Fax Number : (786)541-8425

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:						
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ELLA HOUSEKEEPING LLC

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LEMIEUX

AUG 15 2023

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ELLA HOUSEKEEPIN					
(Name of the Limit	ed Liability Compa (A Florida Limited I	ny ay it now appea Jability Company)	rs on our records.)		
The Articles of Organization for this Limited L. Florida document number1.22000431058	iability Company			and	l assigned
This amendment is submitted to amend the foll	owing:				
A. If amending name, enter the new name o	f the limited liab	ility company h	ere:		
The new name must be distinguishable and contain the v	sords "Limited Liabil	lity Company," the	designation "LLC" or th	abbreviatio	a "L.L.C."
Enter new principal offices address, if applic	1061 SW 3187				
(Principal office address MUST BE A STREE		FORT LAUDI	ERDALE, FL 33315		***************************************
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		1061 SW 31 S FORT LAUDI	T ERDALE, FL 33315		
B. If amending the registered agent and/or agent and/or the new registered office addre	ss here:		records, enter the n	ame of the	: new.registero
Name of New Registered Agent:		37A 		_ 	r- ,
New Registered Office Address:	1061 SW 31ST	Finer Fl.	orida street address		20
	FORT LAUDI	ERDALE	, Florida	33315	<u>ਹ</u>
	City			. Florida 333 <u>1</u> 5	

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

To:

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
AMBR	ELENA D VALDES SANDRES	290) JACKSON STREET APT 4	□Add
		HOLLYWOOD, FL 33020	Remove
			[] Change
na brokensk na kripatelina kripatelina (kom			□□Add
			□Remove
			DAdd
			GRemove
		· Indiana	(JAdd
		which definitions is the first forest to the second state of the s	□Remove
			Change
			□Add
			TRemove
			DChange
			□Add
			□Remove
			□Change

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		and the second s			
Note: If	date, if other than the case must the date is listed, the date must the date inserted in this block's effective date on the Dept.	ck does not meet the appin	capic statutory tiping t	(optional) e than 90 days after filing.) Pr equirements, this date wi	irsuant to 605.020 If not be listed as
e record s ord is filed	pecifies a delayed effective	date, but not an effective !	ime, at 12:01 a.m. on	the carlier of: (b) The 9	0th day after the
Dated	AUGUST 11th	2023	manus .		
	ala-	Signature of a member or auti	40 Tem		
		Signature of a member or anti	nonzed representative of	t a member	