Laa 000458933

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name)
(Do	cument Number)	
Certified Copies	_ Centificates of	f Status
Special Instructions to	Filing Officer:	
	J. HORNE	
	OCT 28 2022	

Office Use Only



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COVER LETTER

10:		ion of Co	rporations	and g	•
SUBJI	ECT: _	DRJ	Celaning Serv	ices LLC	
				nited Liability Company	
The en	iclosed .	Articles of	`Amendment and fee(s) are sub	omitted for filing.	
Please	return a	ill correspo	ondence concerning this matter	to the following:	
			<u>Danay</u>	Nunez Lacorte Name of Person	· ······
				Firm/Company	
			7633 PINE HO.	llow of Orlando	
				Fl 32822 City/State and Zip Code	
				City/State and Zip Code	
			<u>Janas nune</u> E-mail address: (City/State and Zip Code 2 1225 Outlook & City be used for fature annual report notiti	cation)
For fu	rther inf	ormation of	concerning this matter, please c	rall:	
	Dani	y Nu Name o	inez Lacorte of Person	at (<u>321</u>) <u>352 - 1</u> Area Code Daytime	8 4 3 Telephone Number
Enclos	sed is a o	check for t	he following amount:		
□ \$2	25.00 Fi	ling 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)
	Regi Divi	ing Addre istration sion of C Box 632	Section Corporations	Street Address: Registration Sec Division of Corp The Centre of Ta	oorations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FULED

2022 OCT 28 AH 8: 36 The Articles of Organization for this Limited Liability Company were filed on _ 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 City

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
			□Add
			□Remove
			□Change
			🗀 Add
			□Remove
			Change
_ _			□Add
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Note: 1	te date, if other than the date of filing:
record d is file	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 d.
	10/28/2022
Dated _	10/20/6066
Dated _	Dana.
Dated _	Signature of a member or authorized representative of a member

Filing Fee: \$25.00