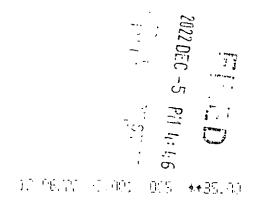
L22000480443

(1	Requestor's Name)	
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Special Instructions to F	iling Officer:	

Office Use Only



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2022 DEC -5 PH 4: 21

A. BUTLER
DEC - 5 2022

COVER LETTER

TO: Registration Se Division of Cor			
	RY CLEANIN SERVICES LLC	•	
SUBJECT:	Name of Limit	led Liability Company	
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspo	ondence concerning this matter t	o the following:	
	KARINA BALLESTEROS		
		Name of Person	
		Firm/Company	
	93 DUNES LAKES CIR U	Name of Limited Liability Company	
		Address	
	SANTA ROSA BEACH, F	L 32459	
		•	
			<u></u>
For further information of	e-mail address: () concerning this matter, please co		incanon)
KARINA BALLESTER	eos	at ()	
Name (of Person	Area Code Daytir	ne Telephone Number
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee	■ \$30,00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
<u>Mailing Addry</u> Registration			ection
Division of (Corporations	Division of Co The Centre of	
P.O. Box 63 Tallahassee,			oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Final Control

KB LUXURY CLEANIN SERVICES LLC

2022 DEC -5 PM 4: 47

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{11/09/2022}{2}$ and assigned Florida document number <u>L22000480443</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: KB LUXURY CLEANING SERVICES LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 93 DUNES LAKES CIR UNIT L204 Enter new principal offices address, if applicable: ANTA ROSA BEACH, FL 32459 (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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	anager uthorized Member		
Title	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□Change
			□Add
			□Remove
			□Remove
			☐ Change
			□Remove
			□Change
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fective date, if other this in effective date is listed, the dote: If the date inserted in ocument's effective date or	ate must be specific and this block does not r	t cannot be prior to neet the applica	o date of filing or mor ble statutory filing	optiona e than 90 days after fili requirements, this da	ne.) Pursuant to 605.020
record specifies a delayed of is filed.					The 90th day after the
ated NOVEMBER 22		. 2022	/		
	1, 1	0 (hallasan		

Filing Fee: \$25.00