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	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	BARBARA GARCIA SUA	AREZ		
	Name of Limited Liability Company Amendment and fee(s) are submitted for filing. Independence concerning this matter to the following: BARBARA GARCIA SUAREZ Name of Person C&B CLEANER AND MORE LLC Firm Company 7150 HARDING ST Address HOLLYWOOD FL 33024 City/State and Zip Code E-mail address: (to be used for future annual report notification) Concerning this matter, please call: EUAREZ 154 754 715-0997 at () Area Code Daytime Telephone Number			
	Name of Limited Liability Company cles of Amendment and fee(s) are submitted for filing. arrespondence concerning this matter to the following: BARBARA GARCIA SUAREZ Name of Person C&B CLEANER AND MORE LLC Firm Company 7150 HARDING ST Address HOLLYWOOD FL 33024 City/State and Zip Code E-mail address: (to be used for future annual report notification) attion concerning this matter, please call: CIA SUAREZ 754 Atta Code Daytime Telephone Number att () Atta Code Certificate of Status Certificate Copy Certificate Copy Certificate Copy (additional copy is enclosed)			
	C & B CLEANER AND MORE LLC Name of Limited Liability Company sed Articles of Amendment and fee(s) are submitted for filling. Im all correspondence concerning this matter to the following: BARBARA GARCIA SUAREZ Name of Person C&B CLEANER AND MORE LLC Firm Company 7150 HARDING ST Address HOLLYWOOD FL 33024 City/State and Zip Code E-mail address: (to be used for future annual report notification) r information concerning this matter, please call: A GARCIA SUAREZ 754 Name of Person Acca Code Daytime Telephone Number is a check for the following amount: 0 Filing Fee S50.00 Filing Fee S55.00 Filing Fee & S60.00 Filing Fee Certificate of Status Certificate Copy Certificate of Status Certificate Of Status			
	7150 HARDING ST			
		Address		
	HOLLYWOOD FL 33024			
		City/State and Zip Code		— 200 - 310
			port notification)	7024 AUG ************************************
For further information c	concerning this matter, please co	ali:		
BARBARA GARCIA SUAREZ			1997	iber 🔀
Name o	f Person		Daytime Telephone Num	iber · · · · · · · · · · · · · · · · · · ·
Enclosed is a check for t	he following amount:			
S25.00 Filing Fee		Certified Copy	Certif sed) Certif	icate of Statu

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 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	ited Liability Company as it now appears of (A Florida Limited Liability Company)	our records.)
The Articles of Organization for this Limited I	Liability Company were filed on 11/17/	2023 and assigned
Florida document number <u>L23000030883</u>	·	
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name	of the limited liability company here:	
SAME		
he new name must be distinguishable and contain the	words "Limited Liability Company," the desig	nation "LLC" or the abbreviation "L.L.C."
	and in	
Enter new principal offices address, if appli		
<u>Principal office address MUST BE A STRE</u>	ET ADDRESS)	
		SCUE!
Inter new mailing address, if applicable:		EE 5
Mailing address MAY BE A POST OFFICE		
Muning adaress MAT BE A FOST OF FICE	: BU.V	70
		- 2k 10 N
If amending the registered agent and/or igent and/or the new registered office addr		rds, enter the name of the new regist
gent and/or the new registered office addr	ess nere.	
	0.4.4.07	
Name of New Registered Agent:	SAME	
New Registered Office Address:	SAME	
. To the state of	Enter Florida	street address
		Planida
	City	, Florida Zip Code

New Registered Agent's Signature, if changing Registered Agent:

C & B CLEANER AND MORE LLC

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

or removed from our records: MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGR	ARIEL BARBADILLO CABRER!	7150 HARDING ST	≡ Add
		HOLLYWOO FL 33024	□ Remove
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an effe ote:	ve date, if other cetive date is listed, the If the date inserted ent's effective date	ne date must be s in this block o	pecitic and loes not m	cannot be preet the app	rior to date olicable st	of filing or atutory fil	more than ing requir	90 days aft	t ional) er filing.) F ais date w	ursuant to	o 605.020 : listed a
record is file	d specifies a delaye ed.	d effective dat	e, but not	an effectiv	e time, at	12:01 a.n	i, on the e	arlier of: ((b) The	90th day	after the
ated _	JULY 31		,	2024	 ·						
		\' <i>\\</i>	7\	nember or a							

Filing Fee: \$25.00