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COVER LETTER

Division of Corporations		
	Caper Services ne of Limited Liability Company	LLC
The enclosed Articles of Amendment and fee(s)) are submitted for filing.	
Please return all correspondence concerning this	s matter to the following:	
Ma	Via Lygo Name of Person us Lygo	
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	Firm/Company	
9008	I Iron Oak Aue.	
Tam	City/State and Zip Code a Zb a grail · Com address: (to be used for future annual report not	
E-mail a	address: (to be used for future annual report not	ification)
For further information concerning this matter,		
María Lugo Name of Person	at (<u>8(3</u>) <u>3() - 4</u> Area Code Daytin	5276 ne Telephone Number
Enclosed is a check for the following amount:		
\$\$ \$25.00 Filing Fee		☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:	Street Address:	

Registration Section
Division of Corporations P.O. Box 6327

TO:

Registration Section

Tallahassee, FL 32314

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

Abilia's Cleaner S	bervices, LLC
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 23 000 63 75</u> 5	were filed on $3/Feb./2023$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability of the Metro State Cleaning State Cleaning State Cleaning State Cleaning States and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name of the limited liability of the new name of the new	200000
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	GOOS Iron Oak. Ave. Tampa FL 33647
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	9008 Iron Oak. Ave. Tampa FL. 3364
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	023 HA
New Registered Office Address:	Enter Florida street address
New Registered Agent's Signature, if changing Registered Agent:	City Type Zip Code

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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□Add
			Remove
			Change
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Effective date, if other than the date of filing: 2/24/23 (optional) If an effective date, if other than the date of filing: 2/24/23 (optional) If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing. Pursuant to 605 020 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed and document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the currier of: (b) The 90th day after the red is filed. Dated 5/4/23 Mana Lago Signature of a finembet or authorized representative of a member Maria Lago Typed or printed-hance of signee	If an	nending a	my other is	nformat	ion, enter	change(s	s) here:	(Attach add	itional sh	cets, if ne	cessary.)		
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