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COVER LETTER

TO: Registration Se Division of Cor		•			
Y&Pons Cl	eaning and Services, LLC				
SUBJECT:	Name of Limi	ted Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please return all correspo	indence concerning this matter	to the following:			
	Yenisley Pons				
		Name of Person			
		/Y&Pons Cleaning and Service	ces LLC		
		Firm/Company	 		
	12622 Nicole Ln				
	Address Tampa. Fl 33625 City/State and Zip Code				
	Yponscleaningandservices@gmail.com E-mail address: (to be used for future annual report notification)				
For further information of	concerning this matter, please co	all:			
Yenisley Pons		813 410-7770 at ()			
Name o	of Person	Area Code Daytime	e Telephone Number		
Enclosed is a check for t	he following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fec. Certificate of Status & Certified Copy (additional copy is enclosed)		
Malling Address		Street Address			

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

Y&Pons Cleaning and Services LLC (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 02/08/2023 and assigned Florida document number _______ 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: Yenisley Pons Name of New Registered Agent: 12622 Nicole Ln New Registered Office Address: Enter Florida street address Tampa _, Florida 33625 Zip Code

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 liabilim company has been notified in writing of this change.

Cin

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records: MGR = Manager AMBR = Authorized Member **Address** Type of Action Title Name _____ □Add _____ □Remove _____ Change ______DAdd ______ □Change _____ □Remove _____ □Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

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an effe lote:	ve date, if other than the date of filing: [10/20/2023] (optional) (optiona
record Lis file	I 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 st.
ated _	October 36 . 3033. Signature of a member or authorized representative of a member
	Yenisley Pons
	Typed or printed name of signee

• •

Filing Fee: \$25.00