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COVER LETTER *

TO: Registration Sec Division of Corp			
SUBJECT: <u>C</u>	Name of Lim	NG AND RENOVATION (ited Liability Company)	ons LLC
The enclosed Articles of A	amendment and fee(s) are sub	omitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	ANTHONY	M. CORTES Name of Person	<u>. </u>
	CARTES CLE	ANING AND RENOVA	ATIONS LLC
	25713 REA	COCK DR Address	-: -
	PANAMA CI	TY 13EACH, FL City/State and Zip Code	32407
	Cortes. Clear E-mail address: (nna. renovations to be weld for future annual report noti	@gmay com
For further information co	ncerning this matter, please ca	ali:	
FINTHONY	M. CORTES	at (<u>850</u>) <u>408</u> Area Code Daytim	- 9555 e Telephone Number
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee	X S30.00 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)

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

FILED

CORTES CLEANING AND	RENOVATION 2021 LLAGE 19	Pil 1-21
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	inv as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	, ,	13772
Florida document number <u>L23 0000 70541</u> .		
This amendment is submitted to amend the following:		
Articles of Organization for this Limited Liability Company were filed on FEBRUARY 13, 2023, and assigned rida document number 1230007654. If amending name, enter the new name of the limited liability company here: CORTES' PROPERTY CARE SOUTIONS LLC new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" or the abbreviation "LLC" er new principal offices address, if applicable: ISBNO 2021-57-58- Incipal office address MUST BE A STREET ADDRESS) MOULTRIE, GA 31768 If amending address MAY BE A POST OFFICE BONY If amending the registered agent and/or registered office address on our records, enter the name of the new registered not and/or the new registered Agent: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida		
CORTES' PROPERTY CARE SOLU	MIGNS LLC	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1936 2nd 37 SE	
(Principal office address MUST BE A STREET ADDRESS)	MOULTRIE, GA 31	768
Enter new mailing address, if applicable:	1936 2nd ST SE	
(Mailing address MAY BE A POST OFFICE BOX)	MOULTRIE, GA BI	168
		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the n</u>	ame of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	City	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 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
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in effecti ote: If t	date, if other than the date of filing:	
ecord spited.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day afte	er the
ited	JANUARY 19 . 2024 . Signature of a member or authorized representative of a member	
	- Amelian	

Filing Fee: \$25.00