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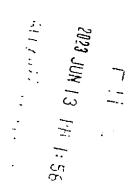
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO: Registration S Division of Co			
SUBJECT: Tho	and Cleaning Se Name of Limit	ed Liability Company	
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspondent	ondence concerning this matter to	o the following:	
	Rosiber Sun	Fos Flores Name of Person	-
		Firm/Company	
	LOUIL N Amet	te Ave Address	
	Tampa, FL, 33	City/State and Zip Code Output Outpu	Milication)
For further information of	concerning this matter, please cal		
ROSTBEL Santa Name o	S Flores of Person	at (<u>\$13) </u>	2550 ne Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	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**

C	ORGANIZATION OF	2023 JUH 13 PM 1:56
Thogna Cleaning Services L (Name of the Limited Liability Comps (A Florida Limited	inv as it now appears on our records.) Liability Company)	1:56 -
The Articles of Organization for this Limited Liability Company Florida document number $\underline{L2300094861}$	were filed on <u>02/21/20</u>	23 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	 -	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter th</u> e	e name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
		•
	, Flori	Vin Coda

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 addedor removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR.	Carlos Hernandez santos	10011 N Americ Ave	⊠ Add
			□Remove
			□Change
			
			□Remove
			□ Change
			🗆 Remove
			□ Change
			□Add
			□Remove
			□Change
		-	
			□Remove
			□Change
	 		□Add
			□Remove
			□ Change

	
Effec	tive date, if other than the date of filing:
Note	. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
docu	ment's effective date on the Department of State's records.
1	
ne reco	ord 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 filed.
Date	June 07 . 2023.
	Pul SR
	Signature of a member or authorized representative of a member
	Rosibel Santos Flores Typed or printed name of signee