_23000112800

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only

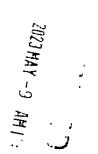


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COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

| LATINO/I | PINAY CLEANING SERVICE | ES LLC | | | |
|---------------------------------|---|--|--|--|--|
| SUBJECT. | 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: | | | |
| | MICHAEL FIGUEROA | | | | |
| | | Name of Person | | | |
| | LATINO/PINAY CLEAN | ING SERVICES LLC | | | |
| | · · · · · · · · · · · · · · · · · · · | Firm/Company | | | |
| | 13956 OSPREY LINKS ROAD, SUITE# 55 | | | | |
| | | Address | · · · | | |
| | ORLANDO, FLORIDA 32 | 2837 | | | |
| | | City/State and Zip Code | | | |
| | latinopinaycleaningservices | | | | |
| | E-mail address: (| to be used for future annual report noti | fication) | | |
| For further information c | oncerning this matter, please co | all: | | | |
| MICHAEL | FIGUEROA | | 2089935 | | |
| Name o | f Person | Area Code Daytim | e Telephone Number | | |
| Enclosed is a check for the | ne following amount: | | | | |
| ■ \$25.00 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | | |
| Mailing Addres | | Street Address: | | | |
| Registration S Division of C | | Registration Section Division of Corporations | | | |
| P.O. Box 632 | | The Centre of Tallahassee | | | |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LATINO/PINAY CLEANING SERVICES LLC

2023 HAY -9 AMI::;

| (Name of the Limited | Liability Compa Florida Limited | any as it now appea Liability Company) | rs on our records.) | - |
|---|------------------------------------|---|--|---------------------------|
| The Articles of Organization for this Limited Liab Florida document number L23000112800 | bility Company | were filed on M | ARCH 3RD, 2023 | and assigned |
| This amendment is submitted to amend the follow | ving: | | | |
| A. If amending name, enter the new name of t | he limited liab | oility company h | ere: | |
| The new name must be distinguishable and contain the wor | rds "Limited Liabi | lity Company," the | designation "LLC" or th | ne abbreviation "L.L.C." |
| Enter new principal offices address, if applical | ble: | 13956 OSPRE | Y LINKS ROAD | |
| (Principal office address MUST BE A STREET | ADDRESS) | SUITE# / UNI | Γ# 55 | |
| | | ORLANDO, F | LORIDA 32837 | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO B. If amending the registered agent and/or reg | - | address on our r | ecords, enter the n | name of the new registers |
| agent and/or the new registered office address | | | | |
| Name of New Registered Agent: | MICHAELER | TIERON M.F. | <u>) </u> | |
| New Registered Office Address: | 13956 OSPREY | Y LINKS ROAD. | SUITE# 55 | |
| | | Enter Flo | rida street address | |
| | ORLANDO | | , Florida | 32837 |
| | | 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 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 |
|--------------|-----------------|-------------------------|----------------|
| MGR | NORLYN FIGUEROA | 13956 OSPREY LINKS ROAD | X Add |
| | | SUITE# 55 | ⊟Remove |
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| ote: | ive date, if other than the date of filing: |
| ecor is fil | d 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 led. |
| ited | MAX 9711 2023 |
| | |
| | 1 / 1 / 1 / 1 / Significant of a member or authorized commentative of a member |
| | Signature of a member or authorized representative of a member |

Filing Fee: \$25.00