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COVER LETTER

TO:

TO: Registration So Division of Cor			
	CLEANING SERVICES 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:	
	INGRIS TROCHEZ		
		Name of Person	
	MARTAS CLEANING SE	ERVICES LLC	
		Firm/Company	
	204 E CLOVER LN		
		Address	
	DEFUNIAK SPRINGS, F	L 32433	
		City/State and Zip Code	
	lacultura33@gmail.com	to be used for future annual report not	······································
For further information c	concerning this matter, please c	•	meation)
INGRIS TROCHEZ		850 4288229 at ()	
Name of Person		Area Code Daytir	ne 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)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addre</u> Registration		Street Address: Registration Se	ection
Division of Corporations		Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

our records.)
o23 and assigned
ntion "LLC" or the abbreviatio [2]L.C."
(·
<u></u>
ds, <u>enter the name of the new registe</u>
reet address
, Florida
) 1

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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	INGRIS TROCHEZ	204 E CLOVER LN , DEFUNIA	kK SPRINGS, FL 324 33 ■ Add
			□Remove
			☐Change
 			□Add
			□Remove
			□Change
			□Add
			□Remove
			⊡Change
			□Add
			□Remove
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		<u></u>	□Change
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			□Remove
			50

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a 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 earlier of: (b) The 90th day after the distilled. Dated JUNE 7	Effective date, if other than the date of filing: fan 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 605.0207 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. record 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 d is filed.	ffective date, if other than the date of filing: 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 605.05 (ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed occument's effective date on the Department of State's records. Tecord 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 first filed. JUNE 7 2023				
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Filing Fee: \$25.00