L23000119202

(Re	questor's Name)	
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PICK-UP	MAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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COVER LETTER

то:	Registratio Division of	n Section Corporations		
		CLEANING SERVICES LLC		
SUBJEC	JI:	Name of	Limited Liability Company	
The encl	osed Article	s of Amendment and fee(s) are	submitted for filing.	
Please re	tum all corr	espondence concerning this ma	atter to the following:	
			ANGIBELL VILLALOBOS	
		Ingil	Name of Person VII a Cobo S Firm/Company	
			314 KASSIK CIR	207
			Address	
			ORLANDO, FL 32824	
			City/State and Zip Code	
		famcleaningserviceslle(
For furth	er informati	E-mail addresson concerning this matter, plea	ess: (to be used for future annual report notification)	
	ELL VILLA		689 310-6628	
	_	nie of Person	at (at Code Daytime Telepho	one Number
Enclosed	l is a check t	for the following amount:		
᠍ \$25.	00 Filing Fc	ce S30.00 Filing Fee & Certificate of Statu		\$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Ad- Registration	dress: on Section	Street Address: Registration Section	
	_	of Corporations	Division of Corporation	ns
	P.O. Box		The Centre of Tallahas	
	Tallahasse	ee, FL 32314	2415 N. Monroe Street	, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FAM CLEANING SERVICES EL					
(Name of the Lim	ited Liability Com (A Florida Limite	pany as it now appears on or d Liability Company)	<u>ir records.</u>)		
The Articles of Organization for this Limited I Florida document number L23000119202	-	ny were filed on $\frac{03/07/202}{}$	23	and assign	ed
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name of	of the limited li	ability company here:			
N/A					
The new name must be distinguishable and contain the	words "Limited Lia	ibility Company," the designat	ion "LLC" or the abbrevia	ation "L.L.C	
Enter new principal offices address, if appli	cable:	N/A	·		
(Principal office address MUST BE A STRE	<u>ET ADDRESS)</u>				
			ַדְאַנ <u>ַ</u>	2024 J	• • • • • • • • • • • • • • • • • • • •
Enter new mailing address, if applicable:		N/A	;—; ——————————————————————————————————	1 22	······································
(Mailing address MAY BE A POST OFFICE	(BOX)			<u> </u>	· '
			57	· <u></u>	;
				• =	* . *
B. If amending the registered agent and/or agent and/or the new registered office addresses		e address on our records	s, <u>enter the name of</u>	the new r	<u>egistered</u>
Name of New Registered Agent:	N/A		· · · · · · · · · · · · · · · · · · ·		
New Registered Office Address:	N/A				
		Enter Florida stre	et address		
			Florida		
		City	Zi	p 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>	Address	Type of Action
MGR	SHAKIRA OVIEDO		□Add
		621 FLOWER FIELDS LN, ORLANDO FL 32824	■ Remove
			∐Change
			DAdd
			🗆 Rетюче
			□Change
			Add 022 URemove
			☐ Change
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Typed or printed name of signee		ANGIBELL VILLALOBO				_