## L23000119828

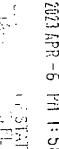
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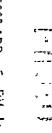
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## **COVER LETTER**

TO: Registration Se Division of Cor			
J & J Winds SUBJECT:	ow Cleaning Services, LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	ondence concerning this matter		
	Jose L Daravina		
	Name of Person  Firm/Company		
	****	Firm/Company	
	9590 Sunset Strip		
	Sunrise FI 33322	City/State and Zip Code	2023
	jjwindowcleaner@gmail.co	ZB23 APR -	
		to be used for future annual report notifica-	ation)
For further information of	oncerning this matter, please co	all:	
Jose Daravina		954 8217883 at ( )	· · · · · · · · · · · · · · · · · · ·
Name o	f Person	Area Code Daytime T	elephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

J & J Window Cleaning Services, LLC				
(Name of the Limited Liability Co (A Florida Lin	ompany as it now appears on nited Liability Company)	our records,)		
The Articles of Organization for this Limited Liability Comp	pany were filed on 03/07/7.	2023	_ and assign	ned
Florida document number L23000119828				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	liability company here:			
The new name must be distinguishable and contain the words "Limited	Liability Company." the design	nation "LLC" or the abbr	eviation "L.L.C	
Enter new principal offices address, if applicable:			<del></del>	
Principal office address MUST BE A STREET ADDRES.	<u>s)</u>		923	
		1 -	775 173	1,
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Enter new mailing address, if applicable:			·	·
Mailing address MAY BE A POST OFFICE BOX)		•	تشت <u></u>	د باد. فرزستو
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	fice address on our recor	rds, <u>enter the name  </u>	<u>of the new r</u>	egiste
gent and/or the new registered office address here:  Name of New Registered Agent:				
gent and/or the new registered office address here:	Enter Florida s	street address		· ·
		street address , Florida	Zip Code	

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
President	Jose L Daravina	9590 Sunset Strip Sunrise Fl 33322	
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ecuve u	ate, if other than the date is listed, the date is	nust be specific an	id cannot be prior t	o date of filing or mo		iling.) Pursu:	
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Filing Fee: \$25.00