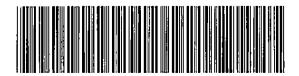
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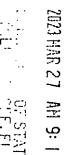
(Requestor's Name)				
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(Document Number)					
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: NECHTERAK Complete Charles Services, U.C. Name of Limited Liability Configury	
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:	
Name of Person Name of Person Neot Frak Complete Cleaning Services LC. Firm/Company	
Address Address Address City/State and Zip Code Control of State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:	
Towalkan Sale at Area Code Daytime Telephone Number	
Enclosed is a check for the following amount: 25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certified Copy (additional copy is enclosed)	
Mailing Address: Street Address:	

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

ny as Af now appear Liability Company)	rs on our records.)			
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ility company ho	ere:			
lity Company," the d	esignation "LLC" or th	ne abbreviatio	on "L.I	C."
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Entar Elev	ide swaat address			
Emer (A0)	iau sireet uaaress			
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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

	g Authorized Person(s) authorized to ma from our records:	anage, enter the title, name, and address of each	person being added
MGR = M AMBR = A	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Jonathan J Salen	2015 Palk St	
		AUIS POIK ST Hollywood FL 33020	□Remove
			□ Change
AMBR	Lazaro Dicu Castellar	10 JUIS POIK ST	X Add
		Holywood, FL 33020	□Remove
			Change Change Change Change Change Change
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			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If 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 record is filed. Dated 3/14/2023 Signature of a member or authorized representative of a member

Tonathan SaleM.