L23000127169

(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:

Office Use Only



800406288958

0.11. 1--11-01--019 **25.00

ZECRETARY OF STATE

A. RIVERS MAY 3 0 2023

COVER LETTER

TO: Registration Section Division of Corpo							
SUBJECT: ANA ALL PURPOSE CLEANING, LLC Name of Limited Liability Company							
	nendment and fee(s) are subrence concerning this matter t	-					
Corporate Maintenance Lead Name of Person							
	Processing Department Firm/Company						
1450 Vassar St							
	Address Reno, NV 89502 City/State and Zip Code						
E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please cali:							
Name of P	ng Department erson	at (-2320 Daytime Telephone Number				
Enclosed is a check for the	following amount:						
☑ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclos	□ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	PURPOSE CLEANING, LLC
(Name of the Limited Lia (A Flo	ibility Company as it now appears on our records.) orida Limited Liability Company)
The Articles of Organization for this Limited Liabilit	y Company were filed on 03/13/23 and assigned
Florida document number L23000127169	·
This amendment is submitted to amend the following	ı:
A. If amending name, enter the new name of the	limited liability company here:
A&A ALL F	PURPOSE CLEANING. LLC
The new name must be distinguishable and contain the words "	Limited Liability Company," the designation "LLC" or the abbreviation "L.IC."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET AL	DDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX	2
	S 20
	egistered office address on our records, enter the name of the new
registered agent and/or the new registered office a	address here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address $\frac{1}{2\pi}$
	, Florida
	Cny 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 Changing Registered Agent, Signature of New Registered Agent

p.3

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
			D Add
			☐ Remove
			Change
			Add
			Remove
			Change
			□ Add
			□ Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
			□ Remove
			☐ Change
			□ Add
			Remove
			☐ Change

Typed or printed name of signee

Signature of a member or authorized representative of a member

Sam Soria