L23000132730

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COVER LETTER

PE SUBJECT: _	PRO HOUSE CLEANING SERVICES LEC					
		Name of Lim	ited Liability Company			
The enclosed Ai	rticles of a	Amendment and fee(s) are sub	omitted for filing.			
Please return all	correspor	ndence concerning this matter	to the following:			
		Luis Flores				
			Name of Person			
		ZenBusiness INC				
		•	Firm/Company			
		336 E. College Ave Suite	301			
			Address			
		Tallahassee, FL 32301				
		City/State and Zip Code				
		fulfillment@zenbusiness.cc				
		E-mail address: (to be used for future annual report no	otification)		
For further infor	mation co	oncerning this matter, please co	all:			
c/o ZenBusines	ss INC		844 493-6249			
	Name of	Person	at () Area Code Dayti	ime Telephone Number		
Enclosed is a ch	eck for the	e following amount:				
■ \$25.00 Filin	ig 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)		

TO:

Registration Section **Division of Corporations**

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

PRO HOUSE CLEANING SERVICES LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{2023-03-15}{1}$ and assigned Florida document number 1.23000132730 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Pro House LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

Cuv

If Changing Registered Agent, Signature of New Registered Agent

. Florida __

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	BARRIOS, CARLOS E	11160 longleaf woods dr	Add
		orlando, FL 32832	□Remove
			□Change
			□Add
			∐Remove
			Change
			□Add
			□Remove
			□Change
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Effective date, if other than the If an effective date is listed, the date must Note: If the date inserted in this blacument's effective date on the D	ock does not meet the applicable	(option te of filing or more than 90 days after fil statutory filing requirements, this d	al) ing.) Pursuant to 605.0207 (. ate will not be listed as the
e record specifies a delayed effectiv rd is filed.	re date, but not an effective time,	at 12:01 a.m. on the earlier of: (b)	The 90th day after the
Dated	. 2023		
/s/ BARRIO	Signature of a member or authorized		