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09/12/23--01020--001 **25.00





COVER LETTER

TO: Registration Section Division of Corporations	•
SUBJECT: Red Cleaning Service Namy of Limited Liability Company	
Namy of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Perla del Campo Name of Person	
Red Cleaning Service	
3630 32 Ave S.E	
Naples Fla. 34117 City/State and Zip Code	
Red Cleaning Service 146 gmail. com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Per la de Campo at (239) 315-5996 Name of Person Area Code Daytime Telephone Number	_
Enclosed is a check for the following amount:	
■ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee &	Status & /
Mailing Address: Street Address:	

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

(<u>Name of the Limited L</u> (A F	iability Company as it now appears of lorida Limited Liability Company)	n our records.)
The Articles of Organization for this Limited Liabil Florida document number <u>L 2300014</u> 2	lity Company were filed on <u>Ha</u> 2952	rch 21, 2023 and assigned
This amendment is submitted to amend the followir	ng;	
A. If amending name, enter the new name of the	e limited liability company here	
The new name must be distinguishable and contain the words	"Limited Liability Company," the desig	enation "ELC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:		7023 SEP 1.
(Mailing address MAY BE A POST OFFICE BO) B. If amending the registered agent and/or regis		ords, enter the name of the new registered
agent and/or the new registered office address he		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida	street address
New Registered Agent's Signature, if changing Regi	City istered Agent:	Zip Code
I hereby accept the appointment as registered as provisions of all statutes relative to the proper a accept the obligations of my position as register being filed to merely reflect a change in the region company has been notified in writing of this char	gent and agree to act in this cap and complete performance of my red agent as provided for in Cha istered office address. I hereby o	duties, and I am familiar with and upter 605, F.S. Or, if this document is

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
MGR	Perla del Campo	3630 32 AVC S.E Naples Fla 34117	VAdd
			□Change
			∐Remove
			∐Change
			UAdd
			ElRemove
			□Change
		□Add	
			□Remove
		∐Add	
		∐Remove	
		□ Change	
		□Add	
			□Remove
			□Change

Effective date, if other than the date of filing: Of 14 2023 (optional) if an effective date is listed, the date must be specific and cannot be prior of date of liling or more than 90 days after filing.) Pursuant Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not document is effective date on the Department of State is records. The ercord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th dated to filed.	
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