L23000181781

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COVER LETTER

	Registration Se Division of Cor			
	ajax cleanir	ng services L.L.C.		
SUBJEC	JT:	Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub	_	
		Sofia Vasquez		
		•	Name of Person	
		ZenBusiness INC		
			Firm/Company	
		336 E. College Ave Suite	301	
			Address	
		Tallahassee, FL 32301		
		· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	
		fulfillment@zenbusiness.co	חח	
		E-mail address: (to be used for future annual report not	ification)
For furth	er information co	oncerning this matter, please c	all:	
c/o Zen	Business INC		844 493-6249 at ()	
	Name of	f Person		ne Telephone Number
Enclosed	is a check for th	ne following amount:		
■ \$2 5.	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 S		Street Address:	ction
Registration Section Division of Corporations		Registration Se Division of Cor		
	P.O. Box 632	7	The Centre of T	l'allahassee
	Tallahassee, F	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ajax cleaning services L.L.C.				
(Name of the Limited Liability Com (A Florida Limited	pany as it now appears on our d Liability Company)	records.)		
The Articles of Organization for this Limited Liability Compar	ny were tiled on (04/12/202)	3	_ and assigned	
Florida document number L23000181781				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	ability company here:			
Ajax ProWash L.L.C.				
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation	on "LLC" or the abbre	viation "L.L.C."	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)			<u>(4</u>	
			<u></u>	
		•	TAY	
Enter new mailing address, if applicable:			3 -	
(Mailing address MAY BE A POST OFFICE BOX)			70 7:1	_
			· U	_
			<u></u>	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records,	enter the name o	f the new regis	stere
Name of New Registered Agent:				
New Registered Office Address:				
new registered office Address.	Enter Florida stree			
	, Florida			
	City		Zip Code	
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>			
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	te performance of my dut s provided for in Chapter	ies, and I am fam 605, F.S. Or, if t	iliar with and his document	,

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
			□Add
			□Remove
			□ Change
			Remove
			□Change
			□Add
			□Remove
			□Change
			∐Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			\ \ Remove

	ng any other information,			•	
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Note: If the	date, if other than the date is listed, the date must be space date inserted in this block does effective date on the Departr	oes not meet the applicat	date of filing or more the ble statutory filing req	(optional) an 90 days after filing.) Purs uirements, this date will	suant to 605.0207 (3)(b not be listed as the
f the record specord is filed.	ecifies a delayed effective date	, but not an effective tim	e. at 12:01 a.m. on the	e earlier of: (b) The 90t	h day after the
Dated 05/2	23	. 2023	_·		
	/s/ Jaxon Damien Moss				
	Signa	ture of a member or authori	zed representative of a r	nember	
	Jaxon Damien Moss, Member	r			
		Typed or printed	name of signce		

Filing Fee: \$25.00