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SECRETARY OF STALE



COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Division of Corp	orations	·	
SUBJECT:	Name of Limi	n (Le Cleanin	g Services LLC
The enclosed Articles of A	amendment and fee(s) are subr	nitted for tiling.	
Please return all correspon	dence concerning this matter t	to the following:	
	Carol	Heslop Name of Person	
	Big Ova	nge Cleaning	y Dervices LLC
	2357 Lak	e Delara Dr #	715
	<u>Or(</u> 0	undo, FL 32	835
	Big Wang	City/State and Zip Code Lunivy (2) o be used for future annual report notifi	
For further information co	ncerning this matter, please ca		•
RENEE -	Homas	at (321) 988	.6139
Name of	Person	Area Code Daytim	e 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 enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Address:</u> Registration So		Street Address: Registration Sec	otion
_		Division of Cor	
Division of Corporations P.O. Box 6327		The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) L //L(/) -772
(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 onand assigned
The Articles of Organization for this Limited Liability Company were filed on and assigned
Florida document number <u>L 2-3(CC 185098</u> .
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
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
, Florida
City 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

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	Carol M. Hestop	2357 Lake Debra Dr	⊡Add
		# 715 Orlando, FL 32835	□Remove
		Orlando, FL 32835	□Change
			□Add
			□Remove
			□Change
			□Add
			DRemove
			□Change
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···	date, if other than the date of filing: (optional)		
in effect	ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)	Pursuant to	5 605.020
ote: If	the date inserted in this block does not meet the applicable statutory filing requirements, this date we're effective date on the Department of State's records.	ull not be	: listed a
ecord s	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The	90th đay	after the
is filed			
	1 (TE 0 0023		
ated	May 10 2023.		
	- Line 1 / have		
	Signature of a member or authorized representative of a member		
	Typed or printed name of signee		
	+ , Nice 100, VINE		

Filing Fee: \$25.00