123000197452

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(Address)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
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(Document Number)	
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COVER LETTER

TO: Registration Section Division of Corpora		!		
SUBJECT: (C Des (LEGNING LLC ited Liability Company	<u> </u>	
The enclosed Articles of Ame	ndment and fee(s) are sub	mitted for filing.		
Please return all corresponden	ce concerning this matter	to the following:		
-	Desh	Name of Person	5	
_	OC De	ee's Cleaning L	LC_	
-	7113 Ba	Al Bua dy		
-	Orlo	City/State and Zp Code	- 1	2023 NAT 26
_	E-mail address: (to be used for future annual report notifica	ation)	
For further information conce	rning this matter, please c	all:		Ξ
Deshad	rian Davis	at (<u>189</u>) <u>254 - (n</u> Area Code Daytime T	elephone Number	PH 2: 01
		1		
Enclosed is a check for the fo	llowing 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 State Certified Copy (additional copy is en	tus &
Mailing Address: Registration Sect Division of Corpo P.O. Box 6327 Tallahassee, FL 3	orations	Street Address: Registration Section Division of Corporate Centre of Talu 2415 N. Monroe Stallahassee, FL 3	orations lahassee Street, Suite 810	

ARTICLES OF AMENDMENT TO 1 ARTICLES OF ORGANIZATION OF

UC Dees Cle	<u>saning l</u>	<u>-LC </u>	
(Name of the Limited Liability Con (A Florida Limite	npany as it now, ppe: ed Liability Company)	ars on our records.)	
The Articles of Organization for this Limited Liability Compa Florida document number <u>12300019745</u> 2		5/26/2023	and assigned
This amendment is submitted to amend the following:	ì		
A. If amending name, enter the new name of the limited li	ability company l	<u>nere</u> :	
The new name must be distinguishable and contain the words "Limited Li	ability Company." the	designation "LLC" or the abbi	reviation "L.L.C."
Enter new principal offices address, if applicable:	· 		
(Principal office address MUST BE A STREET ADDRESS)			
	·		
		16	023 F
Enter new mailing address, if applicable:		<u> </u>	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)			25
		` .	<u></u>
	:	1.1	1 /2
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	ce address on our	- · · · · · · · · · · · · · · · · · · ·	of the new register
agent and of the fiew registered office and each title.	1		
Name of New Registered Agent:	,		
New Registered Office Address:			
	Enter Flo	orida 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
<u>Ceo</u>	Jeff M Labranche	7113 Balboa dr	□Add
	Ed Di di ici le	7113 B91600 dr Orlando, F1 32818	i⊠Remove
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	ffective date, if other than the date of filing:	(optional)
an effective 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 605.020 ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a	e record specifies a delayed effective date, but not an effective factor and the record is filed.	ve time, at 12:01 a.m. on the earlier o
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