Florida Department of State 3 Meet Pheet

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(((H230001674883)))



H230001674883ABC6

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : MAC CPA LAW Account Number : 120220000137 Phone : (787)433-7373 Fax Number : (787)433-7373

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: INFO@MACAPONTEADVISORS.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CLEANING SOLUTIONS FL LLC

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COVER LETTER

H230001674883

TO: Registration S Division of Co			*
CLEANIN	G SOLUTIONS FL LLC		
SUBJECT:	Name of Lin	ited Liability Company	
	f Amendment and fee(s) are sub ondence concerning this matter	_	
	MARICARMEN APONT	E-COLON	
		Name of Person	
	MAC APONTE ADVISO	RS LLC	
		Firm/Company	
	11848 DUNE ALLEY		
		Address	
	ORLANDO,FL 32832		
		City/State and Zip Code	··-
	INFO@MACAPONTEAD		
	E-mail address: (to be used for future annual report notif	ication)
For further information	concerning this matter, please c	all:	
MARICARMEN APON	VTE-COLON	787	
Name (of Person	at ()	: Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre	<u> 35:</u>	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 H230001674883

CLEANING SOLUTIONS FL LLC		
(Name of the Limited Liability Com (A Florida Limited	pany as it now appears on our records.) i Liability Company)	· -
he Articles of Organization for this Limited Liability Compan	y were filed on APRIL 25,2023	and assigned
lorida document number L23000204936		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited lia	bility company here:	
ne new name must be distinguishable and contain the words "Limited Lial	bility Company," the designation "LLC" or the ab	obreviation "L.L.C."
nter new principal offices address, if applicable:		<u> </u>
Principal office address MUST BE A STREET ADDRESS)		
nter new mailing address, if applicable:		
Initing address MAY BE A POST OFFICE BOX		
maning dadress MAT BE A TOST WITTEE BOW		
. If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our records, <u>enter the nam</u>	ie of the new regis
Name of New Registered Agent:		· 02 <u>-</u>
New Registered Office Address:		KAY
	Enter Florida street address	
	. Florida	
ew Registered Agent's Signature, if changing Registered Agent	()	Zip Cod e
hereby accept the appointment as registered agent and ag	ree to act in this capacity. I further ag	ree to comply wit

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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

H230001674883

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	DAVID PAREDES	5853 BOVINE DR	□ Add
		ST CLOUD , FL 34771	□ Remove
			≅ Change
			□Add
			Remove
			Change
			□ Add
			Remove
		· · · · · · · · · · · · · · · · · · ·	□ Change
			□ Add
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			□Remove
			□ Change

H230001674883

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an effective date is fisted, the date must t	k does not meet the applicable statutory	(optional) g or more than 90 days after filing.) Pursuant to 605.0207 y filing requirements, this date will not be listed as
	date, but not an effective time, at 12:01	a.m. on the earlier of: (b) The 90th day after the
is filed.		
APPH 25	2023	
ated	ignature of a member or authorized represer	