L23000245690

(Reque	stor's Name)	
(Addres	ss)	
(Addre		
ti mare	5 5)	
(City/SI	tate/Zip/Phone #	<u> </u>
PICK-UP	WAIT	MAIL
(Busine	ess Entity Name)
(Docum	nent Number)	
Certified Copies	Certificates o	f Status
Special Instructions to Filing Officer:		
	J. HORNE JUL - 6 ?	<u> </u>

Office Use Only



600409884996

07/06/23++01014++003 **30.00

ALLAHASSEE, FLORE

2023 JUL -6 TAT SECRETARIA RECEIVED

COVER LETTER

TO: Registration So Division of Cor			•
SUBJECT:	Varge Count	y Cleaning E	lite LLC
The enclosed Articles of	Amendment and (ce(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		Provell Name of Person Denty Cleanin	g Elite LLC
	2875 Sow	the Orange A	
		FL 32806 City/State and Zip Code AGE COUNTY Clea to be fasted for future annual report note	ningelite.com
For further information e	oncerning this matter, please ca	all:	O .
Sheme	ka Powell of Person	at (SGS) SSS	5 -9987 e Telephone Number
Enclosed is a check for th	be following amount:		
S25.00 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 Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: 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

2023 JUL - 5 Ail Sil

Or ,	CFF H. A. A.
Orange County Cl	eaning Flite Wife Comments
A Florida Limited Lia	pure Company)
des of Organization for this Limited Liability Company w	were filed on $5-17-23$ and assigned
document number 12300024510910	
amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liabil	
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designation "LLC" or the abbreviation "L.L.C"
The new name must be distinguishable and contain the words.	2275 South Orange Ave.
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	Sute 500 = 6444
	Orlando, FL 32806
or attackles	5Ame
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
•	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	nddress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Clasida
	, Florida
	•
New Registered Agent's Signature, if changing Registered Agent	i
I hereby accept the appointment as registered agent and age provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ree to act in this capacity. I jurther agree to comply with the performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is address. I hereby confirm that the limited liability

If Changing Registered Agent, Signature of New Registered Agent

ized Person(s) authorized to manage, enter the title, name, and address of each person-being added or records:

orized Member Type of Action Address RASHAWA POWELL 2875 South Crange Ave Show Suite 500 #6444 ____ = Remove 0-lando, FL 32806 __ Echange Shemeka Powell 2875 South Orange Are Suite 500 # 6444 | Remove □Remove

D. If a	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
4	•
•	•
Not	ctive date, if other than the date of filing:
the rec	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the filed.
Date	d And 6 1 2023
	Signature of a member or authorized representative of a member
	Shemeka Powell Typed or printed name of signee
	Typed or printed name of signee

Filing Fee: \$25.00