L23000247916

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



000410030390

05/08/23--01008--016 **25.00

2023 JUN -8 PH 12: 38

A. PARISHANI JUL 3 0 2023

COVER LETTER

TO: Registration Section Division of Corporations

Tallahassee, FL 32314

	LEANING SERVICE LLC				
SUBJECT:	Name of Limit	ed Liability Company	ı		
	Amendment and fee(s) are submadence concerning this matter to		2023 JEW - 8 PH 12: 3.8		
	LUCAS FIGUEIREDO RO	СНА	112:		
		Name of Person	 ය.ස		
	MATTOS CLEANING SEI	RVICE LLC	_		
		Firm/Company			
	15887 DEEP RAVINE LN				
		Address			
	TAMPA FL 33556				
		City/State and Zip Code			
	Renatamattosnz@gmail.con		Emeion)		
		o be used for future annual report noti	ncacion/		
For further information c	oncerning this matter, please ea	ill:			
RENATA MATTOS		813 765-5664 at ()			
Name o	f Person	Area Code Daytin	ne Telephone Number		
Enclosed is a check for t	he following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Address: Registration Section		Street Address: Registration So	ection		
Division of Corporations		Division of Co The Centre of	Division of Corporations The Centre of Tallahassee		
P.O. Box 6327		2415 N. Manana Street, Suita 810			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OI .		31
		;; co
		<u> </u>
MATTOS CLEANING SERVICE LLC		PH : 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(Name of the Limited Liability Company as it no (A Florida Limited Liability Company)	ow appears on our records.) company)	2:
(A Plotta Emilied Blassing C	,	. <u>.</u>
	MAY 19TH, 2023	and assigned
The Articles of Organization for this Limited Liability Company were fil	cu on	
Florida document number L23000247916		
This amendment is submitted to amend the following:		
	Ir awar	
A. If amending name, enter the new name of the limited liability cor	npany nere:	
and the supplied of the suppli		
MATTOS GENERAL SERVICES LLC The new name must be distinguishable and contain the words "Limited Liability Comp	nany," the designation "LLC" o	r the abbreviation "L.L.C."
The new name must be distinguishable and contain the words. Extracted Extension 2007		
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)		
(Maning augress MAT BL AT 031 01 FIGH 3019		
		
		.f.th and magictars
B. If amending the registered agent and/or registered office address	s on our records, <u>enter th</u>	ie name of the new registered
agent and/or the new registered office address here:		
<u> </u>		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flor	rida
Ci	liy -	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

$\mathbf{AMBK} = \mathbf{A}_{\mathbf{I}}$	utnorized Memoer		Type of Action
<u>Title</u>	<u>Name</u>	Address	Type or recess
			□Adđ
		· ·	⊞emov 2023 □Chang
			- 0
		··.	No semove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□ Remove
			Change
			🗆 Add
			□Remove
			□Change
			□Add
			🗆 Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: ______ (optional)
(If 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 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record 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 record is filed. Dated MAY, 22ND

Signature of a member or authorized representative of a member

Typed or printed name of signee

LUCAS FIGUEIREDO ROCHA