L23000250888

(Requestor's Name	e)
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(City/State/Zip/Pho	one #)
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PICK-UP WAIT	MAIL
(Business Entity N	ame)
(Document Numbe	er)
Certified Copies Certificat	es of Status
	
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COVER LETTER

Registration Section • Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	PENUELA SIERRA, DAI	NIELA A		
		Name of Person	_	
		Firm/Company		
	2425 2ND AVE N #145			
		Address		
	LAKE WORTH, FL 3346	1		
	mlprofessionalsolutions@g	City/State and Zip Code		
		to be used for future annual report noti	fication)	
or further information c	oncerning this matter, please c	all:		
Daniela A	Penuela	ar (56) 739-	S879	
Name of Person			e Telephone Number	
inclosed is a check for the	he following amount:			
图 \$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)	
<u>Mailing Addres</u> Registration S		Street Address: Registration Sec	ction	
Division of C	Corporations	Division of Cor	porations	
P.O. Box 6327		The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FRESH CLEANING SOLUTION	4S LLC			
(Name of the Lim	ited Liability Company as it now appears on o (A Florida Limited Liability Company)	ur record <u>s.</u>)		
The Articles of Organization for this Limited lorida document number L23000250888	Liability Company were filed on 05/22/20	and assigned		
his amendment is submitted to amend the fol	llowing:			
A. If amending name, enter the new name	of the limited liability company here:			
he new name must be distinguishable and contain the	words "Limited Liability Company," the designal	tion "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if appli	icable:			
Principal office address MUST BE A STRE	ET ADDRESS)			
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE				
		-, 63		
		••••		
 If amending the registered agent and/or gent and/or the new registered office address 	E)	s, enter the name of the new regis		
		. =		
Name of New Registered Agent:	PENUELA SIERRA, DANIELA A	<u> </u>		
New Registered Office Address:	2425 2ND AVE N #145	[;]		
	Enter Florida street address			
	LAKE WORTH	, Florida ³³⁴⁶¹		
	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>	<u>Address</u>	Type of Action
AMBR	PENUELA SIERRA, DANIELA A	2425 2ND AVE N #145	□Add
		LAKE WORTH, FL 33461	□Remove
MGR GONZALEZ SUA	GONZALEZ SUAREZ, ANDRES	1640 WINDORAH WAY APT G	□Add
			Remove
			🗀 Add
			□Remove
			Change
			□Add
			□Remove
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an effective lote: If the	date, if other than e date is listed, the date the date inserted in the s effective date on the	e must be specifi ils block does i	ic and cannot be not meet the ap	prior to date of fil oplicable statuto	ing or more than	(optiona 90 days after filin ements, this dat	g.) Pursuant to 605.02
record sp is filed.	ecifies a delayed eff	ective date, bu	t not an effecti	ve time, at 12:0	Ha.m. on the e	arlier of: (b) 1	The 90th day after th
., med.	TEMBER 9		2023	<u> </u>			
SEI	TENIBER 9						
SEI	TEMBER 9		120)-·			
	TENIOEK 9	Signature	of a member or	authorized repres	entative of a me	mber	. <u>. </u>

Filing Fee: \$25.00