## L23000270795

(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:





500411667325

07/10/23--01019--015 \*\*25.00

2023 JUL 10 AN 7: 1:



## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT: E&E HOU	SE CLEANING LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	EMESE POCSAI		
		Name of Person	
		Firm/Company	
	2466 FORT LANE RD	Liability Company	
	GENEVA		
	MSE0512@GMAIL.COM	City/State and Zip Code to be used for future annual report agri	fication)
For further information e	oncerning this matter, please co		
EMESE POCSAI		at (407 ) 3410224	
Name o	f Person	Area Code Daytim	c Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status		Certificate of Status & Certified Copy
Mailing Addres Registration S			ction
Division of C	Corporations	Division of Cor	porations
P.O. Box 632	27	The Centre of T	Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION - \_ \_ \_ \_ -OF

2023 JUL 10 AM 7: 10

## E&E HOUSE CLEANING LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida	Limited Liability Company)	FALL WHY SILL	
The Articles of Organization for this Limited Liability Co Florida document number <u>L23000270795</u>	ompany were filed on 6/5/20	o23 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limi	ted liability company here	:	
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the desig	gnation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR	ESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our reco	ords, enter the name of the new register	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
		, Florida Zup Code	
	·	Zıp Code	
New Registered Agent's Signature, if changing Registered	Agent:		
I hereby accept the appointment as registered agent of	_		

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>	Name	Address	Type of Action
MGR	EMESE POCSAI	2466 FORT LANE RD GENEVA FL. 32732	<b>\ \</b> Add
			Remove
			[]Change
			□Add
			□Remove
			□Change
			□Add
			[]Remove
			© Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change

	<del></del>		<u> </u>		
					<del></del>
Tote: If the date	fother than the date of slisted, the date must be special inserted in this block does live date on the Department	not meet the applicab	date of filing or more that le statutory filing requ	(optional) n 90 days after filing.) Pursuan frements, this date will not	a to 605,0207 ( he listed as t
record specifies I is filed.	a delayed effective date, bu	it not an effective time	e, at 12:01 a.m. on the	earlier of: (b) The 90th d	ay after the
ated <u>7/4</u>		. 2023	.•		
	£	Z			
	CWEH Y	of a member or author	zed representative of a m	ember	

Filing Fee: \$25.00

Typed or printed name of signee