## L230003030000

(1	Requestor's Name)	
	Address)	
(,	Address)	
(1	City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
	Business Entity Name)	
(	Document Number)	
Certified Copies	Certificates o	of Status
Special Instructions to F	iling Officer;	
	J. HORNE JUL 12 202	, <u>,</u>
	JUL 1 2 204	<i>ι</i> ο

Office Use Only



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07/12/23--01002--023 \*\*30.00



## **COVER LETTER**

SUBJECT: The Palm Beach Cleaning Crew ill.  Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Cabrille A White Name of Person
Firm/Company
1401 V:11age Bird 178+ 1323 W.P.B. FL 3340
West Palm Beach FL 33409 City/State and Zip Code
Pb (rew 00 @ Smail. (om E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Gabrielli A. White. at (56) SSQ -24852  Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee  Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
Mailing Address: Street Address:
Registration Section Registration Section
Division of Corporations P.O. Box 6327  Division of Corporations The Centre of Tallahassee
P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303



Im Beach Cleaning Crew LL(250)
(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limi	ited Liability Company	·)	
The Articles of Organization for this Limited Liability Comp Florida document number <u>し 230 00 3 0 2 7</u> 6		06/24/2023	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company	<u>here</u> :	
The new name must be distinguishable and contain the words "Limited L	Liability Company," the	e designation "LLC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS	<u> </u>		
	-		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ice address on our	records, enter the nan	e of the new registered
Name of New Registered Agent:			
New Registered Office Address:			
	Enter F	lorida street address	
		, Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Registered Age	<u>ent:</u>		

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, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Gabrielle A White	1401 village Blud AP+ 1323	
		West Felm Beach FL 3340	. ¶ □Remove
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<u> lote:</u> I	e date, if other than the date of filing: 06/29/2023 (optional) tive 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 605.020 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a nt's effective date on the Department of State's records.
record I is file	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 d.
ated _	·
ated _	Signature of a member or authorized representative of a member

Filing Fee: \$25.00