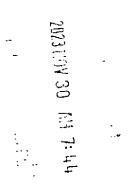
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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

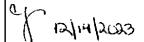


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Office Use Only



COVER LETTER

TO:			*	•	;●
, ette tr	VVS Design			•	
SUBJE	.C1:		ited Liability Company		
The end	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please	return all correspon	Sistion of Corporations VVS Designer Janitorial Services LLC Name of Limited Liability Company Articles of Amendment and fee(s) are submitted for filing. all correspondence concerning this matter to the following: Tonya Hudson			
		Tonya Hudson			
			Name of Person		-
		VVS Designer Janitorial So	ervices LLC		
			Firm/Company	Land 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	-
		5331 Glenwood Ave			
Address					_
		Jacksonville, FL 32205			
			City/State and Zip Code		••
		-	- •		
		E-mail address: ()	to be used for future annual report notif	fication)	
For fur	ther information co	oncerning this matter, please ca	all:		
Tonya	Nicole Hudson				
	Name of	f Person		e Telephone Numbe	r.
Enclose	ed is a check for th	ne following amount:			
■ \$2	5.00 Filing Fee			Certific Certifie	ate of Status &

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address:
Registration Section
Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

VVS Designer Janitorial Services LLC

2023 NOV 30 AM 7: 44

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

y were filed on 06/27/2023 bility company here:	and assigned	
oility company here:		
oility company here:		
bility company here:		
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registagent and/or the new registered office address here: Name of New Registered Agent:		
ility Company," the designation "LLC" o	r the abbreviation "L.L.C."	
625 Harrington LN		
Jacksonville, FL 32221		
· · · · · · · · · · · · · · · · · · ·		
		
Jacksonville, FL 32221		
address on our records, enter the	e name of the new regis	
· 		
Para Clarida da al da		
Enter Florida street address	da Zip Code	
	625 Harrington LN Jacksonville, FL 32221 625 Harrington LN Jacksonville, FL 32221	

ľ

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 amending Anthorized 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
Manager ———	Derrick S. Hudson	625 Harrington LN, Jacksonville, FL 32221	≅Add
			□Remove
		625 Harrington LN, Jacksonville, FL 32221	
Manager	Tonya Nicole Hudson		🗆 Add
			□Remove
			□Change
			🗀 Add
			□ Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			□Change
			🗆 Add
			□Remove

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