L2300034445

| (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: |
| Special instructions to Filing Officer: |
| |





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97/31/23--01001--005 **25.00

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| то: | Registration Se Division of Cor | | · · · · · · · · · · · · · · · · · · · | . . |
|--------------|---------------------------------------------|----------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| SUBJE | CCT: | SUNT IS | C Exterior ited Liability Company | Cleaning, Ll |
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| Enclose | ed is a check for t | he following amount: | | |
| X \$2 | 5.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | Mailing Addres Registration ! Division of C | Section Corporations | Street Address: Registration Se Division of Cor | |

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION COLLEGE OF ORGANIZATION

| | | SECTION 28 | P/4 . |
|--------------------------------------------------------------------|-------------------------------------------------------|-------------------------------|-------------------------|
| Sunrise Exteri | or Cleaning | ng Allicia | <u> </u> |
| Sunrise Exteri (Name of the Limited Liability (A Florida) | Company as it now appea limited Liability Company) | rs of our records.) | |
| | | 7/5/22 | |
| The Articles of Organization for this Limited Liability Co | | | and assigned |
| Florida document number L23000 319945 | <u>.</u> 2. | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limit | ed liability company h | ere: | |
| AVALON E | xterior Cle | aning, LLC | |
| The new name must be distinguishable and contain the words "Limite | | | breviation "L.1,.C." |
| Enter new principal offices address, if applicable: | | | |
| (Principal office address MUST BE A STREET ADDRE | <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 | office address on our i | records, <u>enter the nam</u> | e of the new registered |
| agent and/or the new registered office address here: | | | |
| | | | |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| | Enter Flo | rida street address | |
| | | , Florida | |
| | City | | Zip Code |

New Registered Agent's Signature, if changing Registered Agent:

Thereby 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> | Address | Type of Action |
|--------------|--------------|-----------------------------------------|----------------|
| m Gr Ambr | Jane Ramirez | 255 South Orange Ave svite 104 #2016 | \\ Z\Add |
| | | Orlando FL | ⊡Remove |
| | | 32801 | □Change |
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| Effective date, i | if other than the date of filing: (optional) |
| | is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 a inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed |
| | ctive date on the Department of State's records. |
| | |
| | s a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after t |
| rd is filed. | |
| Datal | 7-28 2023 |
| | <u> </u> |
| 17ated | |
| Dated | lack to |
| | Signature of a member or authorized representative of a member Jane Ravnice Z |

Filing Fee: \$25.00