L23000321470

| (Re | equestor's Name) | | |
|-------------------------|--------------------|-------------|--|
| (Ad | idress) | | |
| (Address) | | | |
| (Cit | ty/State/Zip/Phono | e #) | |
| PICK-UP | ☐ WAIT | MAIL | |
| (Bu | isiness Entity Nar | ne) | |
| (Document Number) | | | |
| Certified Copies | _ Certificates | s of Status | |
| Special Instructions to | Filing Officer: | | |
| | | | |
| | | | |
| | | | |





300406661483

2023 CT 13 PT 4: 52

S. ROBERTS
JUL 1 4 2023

| FLORIDA CAPITAL COURIER SERVICES, II | NC |
|--|--|
| 2330 CLARE DRIVE | |
| TALLAHASSEE, FL 32309 | |
| (850) 524–5437 | |
| (850) 524–6243 | |
| Please use funds from this account: | 120210000160: \$25.00 |
| Authorization Signature: faus | full- |
| AZ CLEANING AND MAINTENANCE | LLC L23000321470 |
| BUSINESS NAME | DOCUMENT # |
| Certified Copy | |
| Certificate of Status | |
| NEW FILINGS | <u>AMMENDMENTS</u> |
| Profit CorpNot for ProfitLimited LiabilityDomesticationOtherCORPLLLP | _X_AmendmentResignation of R.A. Officer/DirectorChange of Registered AgentRevocation of DissolutionMergerArticles of ConversionAmended and restated ArticlesStatement of Authority |
| OTHER FILINGS | REGISTERATION/QUALIFICATIONS |
| Annual Report | Foreign filing |
| Fictitious Name | Limited Partnership Reinstatement |
| APOSTILLE | Other |
| Country | |
| EXAMINER'S INITIALS: | |

COVER LETTER

| SUBJECT: A Cleaning and Haintenance (J.C., 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: |
|--|
| |
| Please return all correspondence concerning this matter to the following: |
| |
| Alita Davis |
| Firm Company |
| abil 6th of w. |
| Cehigh Acres Fl 33971 |
| E-mail address: (to be used for future admual report notification) |
| For further information concerning this matter, please call: |
| 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) S25.00 Filing Fee Certified Copy (additional copy is enclosed) S60.00 Filing Fee Certified Copy (certified Copy (additional copy is enclosed) |
| Mailing Address: Street Address: Registration Section |
| Registration Section Registration Section Division of Corporations Division of Corporations |
| P.O. Box 6327 The Centre of Tallahassee |

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on 16 3 Florida document number (23000321470). 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 "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE 4 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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address 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 ameuding 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

| Title | Name | Address | Type of Action |
|-------------|--------------|-------------------------|----------------|
| MGR | Cilled still | 2011 WAR W. Lehigh HORE | 33971 |
| | | | Remove |
| | | | Change |
| | | | _ CAdd |
| | | | ERemove |
| | | | II Change |
| | | | |
| | | | = Remove |
| | | | Change |
| | | | |
| | | | Remove |
| | | | |
| | | | |
| | | | TRemove |
| | | | [Clange |
| | | | □ Add |
| | | | = Remove |
| | | | EChange |

| NA |
|---|
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| E. Effective date, if other than the date of filing: (If an effective 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 605.0207 (3) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. |
| If the record 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 record is filed. |
| Dated Tuly 13 . 2023 . Signature of a member of authorized representative of a member |
| AliBe Device Typed or prissed name of signee |

Filing Fee: \$25.00