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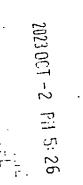
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PICK-UP	☐ WAIT	MAIL
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of 10/12/2003

## **COVER LETTER**

	degistration Se Division of Cor			
SUBJECT		ANING SERVICE SPECIALIS	T LLC	
SUBJECT	·	Name of Lim	ited Liability Company	<u> </u>
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retu	ım all correspo	ondence concerning this matter	to the following:	
		HECTOR COLINA		
			Name of Person	<u>.                                    </u>
		07/07/2023		
			Firm/Company	
		4105 BELL TOWER CT,	АРГО 208	
			Address	
		KISSIMMEE, FL. 34741		
			City/State and Zip Code	
		E-mail address: (	to be used for future annual report notifi	cation)
For furthe	r information c	oncerning this matter, please ca	all:	
HECTOR	COLINA		561 5246934 at ( )	
	Name o	f Person		Telephone Number
Enclosed i	is a check for th	he following amount:		
<b>≡ \$25,0</b> 6	0 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)
F	<u>Mailing Addres</u> Registration S Division of C	Section	Street Address: Registration Sec Division of Corp	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2000

H&L CLEANING	S SERVICE SPECIALIS	ST LLC	2023 OCT -2 Pil 5: 27
( <u>Name of the Limited Liability C</u> (A Florida Lin	Company as it now appear nited Liability Company)	s on our records.)	SECF _
The Articles of Organization for this Limited Liability Com Florida document number	pany were filed on	07/07/2023	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	l liability company he	ere:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the de	esignation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES	<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 of agent and/or the new registered office address here:	ffice address on our re	ecords, <u>enter the</u>	name of the new register
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flor	ida street address	
		, Floric	da
	Ciţy		Zip Code

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

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 Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>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
MGR	HECTOR COLINA	4105 BELL TOWER CT	□Add
		KISSIMMEE, FL. 34741	□Remove
			■Change
MGR LUISA ROMERO	LUISA ROMERO	4105 BELL TOWER CT	□Add
	KISSIMMEE, FL. 34741	□Remove	
		<del> </del>	<b>■</b> Change
			□ Add
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		□Remove	
			□Change

Ų.	nation, enter change(s) here: (Attach additional sheets, if necessary.)
	<del></del>
Effective date, if other than the first an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	he date of filing:
e record specifies a delayed effect d is filed.	tive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	. 2023
	<u>D</u>
<del></del>	Signature of a member or authorized representative of a member
FIRETAND COLDS:	
HECTOR COLINA	Typed or printed name of signee