(shown below) on the top and bottom of all pages of the document.



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	Division of Co	•	
	Fax Number	: (850)617-6383	2025 西国家
From:			<u></u>
	Account Name	: TAXPEOPLE LLC	- <del></del>
	Account Number	: 120200000160	
	Phone	: (772)460-1000	. co
	Fax Number	: (772)777-3071	;
			-1 =
**Enter	the email addres	s for this business entity to be used	for future 💫

DEPARTA 28 PH 4: 24
DEPARTA NI OF STATE
DIVISION DE CORPORATION
TALLA ACCEE, FLORIDA

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CLEAN & FRESH CLEANING SERVICES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

T. LEMIEUX

## **COVER LETTER**

TO:	Registration Sec Divi <b>ti</b> on of Corp	ction porations			
		CLEAN & FRESH	CLEANING SERVICES,	LLC	
SUBJECT: Name of Limi			ited Liability Company		
The en	closed Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please	return all correspor	idence concerning this matter	to the following:		
		(	CLAUDIO TOLEDO RIBEIRO		
		. =	Name of Person		
			TAXPEOPLE, LLC		
		Firm/Company			
		2855 SW BRIGHTON ST			
			Address		<del></del>
			PORT LUCIE, FL 34953		
			City/State and Zip Code		
			info@taxpeoplefl.com		
			to be used for future annual report not	ification)	
For fur	ther information co	oncerning this matter, please o	911:		
Claud	io Toledo Ribeiro		772 460.1000 at ( )		
	Name of	Person	Area Code Daytin	re Telepho	one Number
Enclos	ed is a check for th	e following amount:			
€0\$	25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	☐ S55.00 Filing Fee & Certified Copy (Additional copy is enclosed)	۵	\$60.00 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
	Mailing Address Registration S	<del></del>	<u>Street Address:</u> Registration Se	ection	
	Division of Co	orporations	Division of Co	rporatio	
	P.O. Box 632 Tallahassee, F		The Centre of 2415 N. Monro		

Taliahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	HCLEANING SERVICE		
(Name of the Limited ) (A	Liability Company as it now appear Florida Limited Liability Company)	s an <u>ourrecords.</u> )	
The Articles of Organization for this Limited Liab	oility Company were filed on	07/10/2023	and assigned
Florida document number L23000325252			
This amendment is submitted to amend the follow	ring:		
A. If amending name, enter the new name of th	e limited liability company he	<b>:</b>	
TOR	RENT CLEAN, I	LLC	
The new name must be distinguishable and contain the word	s "Limited Liability Company," the d	esignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:		
((Principal office address MUST BE A STREET)	ADDRESS)		
			2034
Enter new mailing address, if applicable:			R 2:
(Mailing address MAY BE A POST OFFICE BO	<b>X</b> )		8 PH []
B. If amending the registered agent and/or regis	stered office address on our re	ecords, enter the n	ame of the new registered
agent and/or the new registered office address h			<b>16</b>
Name of New Registered Agent:		······································	
New Registered Office Address:		<del></del>	
	Enter Flor	ida street address	
-		, Florida	70.07
	City		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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

	SE ALINE DYBALSKI	n, enter change(s) here: (Attach additional sha	X Remove ☐ Change ☐ Add ☐ Remove ☐ Change ☐ Add ☐ Add
D. If ame	nding any other information		☐ Add ☐ Remove ☐ Change ☐ Add
D. If ame	nding any other information		☐ Add ☐ Remove ☐ Change ☐ Add
D. If amer	nding any other information		□ Change
D. If ame	nding any other information		□ Change
D. If ame	nding any other information		□ Add
D. If ame	nding any other information		
D. If ame	nding any other information	n, enter change(s) here: (Attach additional sh	eets, ifnecessary.)
	<u> </u>		
<del></del>			

E.	Effective date, if other than the date of filing:	(optional)
	(If an effective date is listed, the date must be specific and cannot be prior to date of fill	ng or more than 90 days after filing.) Pursuant to
	605.0207 (3)(b) Note: If the date inserted in this block does not meet the appli	cable statutory filing requirements, this date
	will not be listed as the document's effective date on the Department of Stat	e'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 March 28, 2024

Signature of a member or authorized representative of a member

KAMILA TORRENTE DE SOUZA

Typed or printed name of signee