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(Re	questor's Name)	
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(Ad	dress)	
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Certified Copies	_ Certificates	s of Status
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Special Instructions to	Filing Officer:	

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COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

ADAYS C	LEANING HOME & OFFICE	, LLC.	
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ADAYS RAMOS		
		Name of Person	
	ADAYS CLEANING HO	ME & OFFICE, LLC.	
		Firm/Company	
	7542 NW 176 ST		
		Address	
	HIALEAH, FL 33015		
	·	City/State and Zip Code	
	adays.ramos@yahoo.com		
	E-mail address: (to be used for future annual report not	lication)
For further information c	concerning this matter, please c	all:	
ADAYS RAMOS		786 366 5513	
Name o	f Person		ne Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 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 Address		Street Address:	ation
Registration 9 Division of C		Registration Se Division of Cor	
P.O. Box 632		The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ADAYS CLEANING HOME & OFFICE, LLC.		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our rec Liability Company)	cords.)
The Articles of Organization for this Limited Liability Company Florida document number 1.23000331597	were filed on <u>07/13/2023</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "l	.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		~ >
(Principal office address MUST BE A STREET ADDRESS)		023 EEC
Enter new mailing address, if applicable:		AUG -8 P
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(Mailing address MAY BE A POST OFFICE BOX)		ት: 20 ዩ ያገል፲፱ ፫ ፫ ፫ L
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>en</u>	ter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
The state of the s	Enter Florida street add	dress
		Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, provided for in Chapter 60	, and I am familiar with and 15, F.S. Or, if this document is

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>	Name	Address	Type of Action
AR	JANAI ORTOLA	7542 NW 176 ST	□Add
		HIALEAH, FL 33015	Remove
			Change
			□Add
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ote: If the date inse	her than the date of fi ed, the date must be specific crted in this block does no date on the Department of	ot meet the applic	able statutory filing	(option re than 90 days after til requirements, this d	al) ling.) Pursuant to 605.020' late will not be listed as
record specifies a de	layed effective date, but	not an effective t	ime, at 12:01 a.m. o	n the earlier of: (b)	The 90th day after the
August 2nd	_	2023			
		_, Tura N			
August 2nd	Signature o	_, Tura N	orized representative of	of a member	