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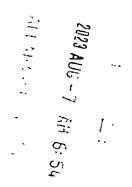
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COVER LETTER

D&D CLEANING AND MULTI-SERVICE LLC SUBJECT: 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: Daileny Diaz Lima Name of Person Firm/Company 7910 W Hiawatha Street Address Tampa, FL 33615 City/State and Zip Code Daileny2008@hotmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 813 Daileny Diaz Lima Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee, ■ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed)

Mailing Address:

Registration Section

Division of Corporations

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314 Street Address;

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION " -- -- --

OF

2023 AUG - 7 AM 6: 54

D&D CLEANING AND MULTI-SERV	TICE LLC		<u> </u>
(<u>Name of the Limited Li</u> (A Fi	iability Company as it no lorida Limited Liability Co	ow appears on our record	<u>S</u>)' · · . : '
The Articles of Organization for this Limited Liabili	ity Company were file		
Florida document number L23000334551	·		
This amendment is submitted to amend the followin	ıg:		
A. If amending name, enter the new name of the	limited liability com	npany here:	
The new name must be distinguishable and contain the words	"Limited Liability Compa	my," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	::		
(Principal office address MUST BE A STREET A	DDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	- · - · - · - · ·	
B. If amending the registered agent and/or registered		on our records, <u>enter</u>	the name of the new regist
agent and/or the new registered office address he	<u>ere</u> :		
Name of New Registered Agent:			
New Registered Office Address:			
		Enter Florida street addre	r,s
_			orida
	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 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>	<u>Address</u>	Type of Action
MGR	Dariel Moya-Acosta	7910 W Hiawatha Street, Tampa FL 33615	≣ Add
			□Remove
		·	
			□Add
			[]Remove
			□Change
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and an initial and allowed afficient days have not an extraction time at 12.01 and the second	(optional) days after filing.) Pursuant to 605.0207 nents, this date will not be listed as
e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ear rd is filed.	lier of: (b) The 90th day after the
Dated August 2 2023	
192	
Signature of a member or authorized representative of a member	оет

Filing Fee: \$25.00