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(Re	equestor's Name)	
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☐ PICK-UP	☐ WAIT	MAIL
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Special Instructions to	Filing Officer:	
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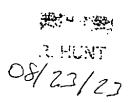
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COVER LETTER

TO:	Registration Se Division of Cor			~		7		
SUBJE	ест: <u>ВеТ</u>	la Vista	Cleanire Name of Limite	G Services, Ed Liability Company	LLC			
The en	closed Articles of	Amendment and	fee(s) are subm	itted for filing.				
Please	return all correspo	ondence concernin	g this matter to	the following:				
				Adrian MI Name of Person				
		Bella	Vista	Cleaning Serv Fim/Company	1005, 660			
		1075	Memoria	al Dr. Suite	1		2025	(A10
		Avon	Pork	Fl. 33805 City/State and Zip Code			2023 AUG 23	SION OF
		hellavi	staseru	Chystate and 2th code (ICPS // C @ gry) be used for future annual re	ail com			000 000 000 000
For fur	ther information c	E-concerning this ma			port notification)		PH 12: 40	DIVISION OF CORPORATIONS
	Name o	f Person		at () Area Code	Daytime Telepho	ne Number		
Enclose	ed is a check for the	he following amou	int:					
₩ \$ 2.	5.00 Filing Fee	□ \$30.00 Filii Certificate		☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclo		\$60,00 Filing Fee. Certificate of State Certified Copy (additional copy is enc		
	Mailing Address Registration	_		<u>Street Ade</u> Registrat	Iress:			

Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bella Vista Cleaning Services, LCC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on $07/17/33$ and assigned	
Florida document number <u>L2300033626</u> .	
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 "LLC."	-
Enter new principal offices address, if applicable:	9
(Principal office address MUST BE A STREET ADDRESS)	VISION IN
23	768
Enter new mailing address, if applicable:	35 S
(Mailing address MAY BE A POST OFFICE BOX)	
<u> </u>	Ē
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:	<u>:red</u> -
Enter Florida street address	-
·	_
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 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>	Address	Type of Action
President	Adrian Migoyo	1075 Memorial Dr. Suite 1	□Add
	•	Avon Park, F1. 33825	□Remove
			BChange
<u>VP</u>	Julie Lorenzo	1075 Memorial Dr. Suite 1	□Add
		Avon Park, Fl. 33825	□Remove
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an effe iote:	ve date, if other than the date of filing:	nt to 605 t be list	5.020 7 (ed as 1
record is fil	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th of ed.	iay afte	r the
	August 18 2023		
oated _	Signature of a member or authorized representative of a member		