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A. PARISHANI

Sept 1 6 2023

COVER LETTER

Registration Section • TO: **Division of Corporations** Julie's Real Estate & Cleaning Task Force 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: Julie Sutphin Name of Person Firm/Company 275 N Jefferson St Unit 870 Address Monticello, FL 32344 City/State and Zip Code juliesutphin@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Julie Sutphin Name of Person Daytime Telephone Number Enclosed is a check for the following amount: ☐ \$55.00 Filing Fee & ■ \$25,00 Filing Fee □ \$30,00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section Division of Corporations 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

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		023
Julie's Real Estaté Cleaning Task Force LLC		023 A.U
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) Liability Company)	372
		<u>,</u>
The Articles of Organization for this Limited Liability Compan	y were filed on 08/07/2023	and:assigned
Florida document number L23000369458		72: (
This amendment is submitted to amend the following:		<u>ဒ</u> ဗ
This amendment is submitted to amend the following.		
A. If amending name, enter the new name of the limited lia	bility company here:	
Julie's Real Estate Cleaning Task Force LLC		
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
• • •		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
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B. If amounting the registered agent and/or registered office	addusse an averse and a seconds	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the	name of the new registered
	•	
Name of Name Paging and Associated		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	la
	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

<u>Title</u>	Name	Address	Type of Action
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effective date is listed, the date must be: If the date inserted in this block					
ument's effective date on the Dep					
cord specifies a delayed effective	date, but not an effect	tive time, at 12:01	a.m. on the earlier o	of: (b) The 9)th day after th
s filed.					
ed August 20	2023				
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