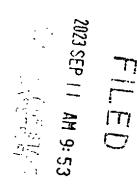
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(Re	equestor's Name)	
(Ad	idress)	
	ldress)	
(riu	(d) (C33)	
(Cit	ty/State/Zip/Phone	e #)
☐ PICK-UP	☐ WAIT	MAIL
	T. F.O. N	
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	
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Office Use Only



09/11/23--01007--005 **25.00





COVER LETTER

ΓO: Registration Section Division of Corporations			
GUBJECT: DEPendar	Name of Limit	crs Cleaning ted Liability Company	
The enclosed Articles of Amendmen	nt and fee(s) are subr	nitted for filing.	
Please return all correspondence con	cerning this matter t	o the following:	
Er	ika Turn	Name of Person	
De	Pendade_	Cleaners Clean Firm/Company	ning
10	7 11th Str	cet Ctw Address	
dope	ndaszClear E-mail address: (6	ners Cleaning a gn	nail-Com
For further information concerning t			
Erika Turne	<u> </u>	at (<u>941)</u> 580	-4473
Name of Person		Area Code Dayı	une retephone Number
Inclosed is a check for the following	g amount:		
	00 Filing Fee & tificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section		Street Address: Registration S	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Dependable Cleanurs Cleaning

(Name of the Limited Liability Comp	pany as it now appears on our records.) d Liability Company)
Fine Articles of Organization for this Limited Liability Compan	80-72
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
The new name must be distinguishable and contain the words "Limited Liab	bility 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)	
	023
	SEB T
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
	<u>لا</u> ي
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, <u>enter the name of the new regist</u> o
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>

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

f amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being ad or removed from our records:

oIGR = Manager AMBR = Authorized Member

<u>l'itle</u>	Name	Address	Type of Action
nez	Erika Turnor	107 11th st ctw	L Add
		Palmetto, FL 34221	□Remove
			□Change
AMIBIC	Latisna Turner	4075 lake bayshore Dr	EAdd
		APT CBOLE Bradenton, FC 347	⊘ □Remove
			□Change
			□Add
			□Remove
			Change
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(11 an c	 If the date inserted in this block doe 	these not meet the applicable statutory filing requirements, this date will not be list	sted as th
	ment's effective date on the Departme		
400	ment 5 errective date on the E-epartine		
f the rec	ord specifies a delayed effective date.	but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day aft	ter the
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Date	a September Utn	2023	
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	Signatu	Typed or printed name of signee	
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