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(Requestor's Name) (Address)	900426793419
(City/State/Zip/Phone #)	
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	04/01/2401002003 **25.00
Special Instructions to Filing Officer:	PILED 2024 APR -1 ps 5:01 Significant Report of the State Report o

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COVER LETTER . . .

TO:

Registration Section

Tallahassee, FL 32314

Division of	f Corporations				
E & P SUBJECT:	DEEP CLEANING LLC				
Name of Limited Liability Company					
The enclosed Article	es of Amendment and fee(s) are st	ibmitted for filing.			
Please return all cor	respondence concerning this matte	er to the following:			
	NELSON ALVAREZ				
		Name of Person			
	NA INCOMETAX PRO	FESSIONAL CORP			
		Lirm/Company			
	1830 NW 7TH ST SUIT	E 202			
		Address			
	MIAMI, FL 33125				
	info@naincometax.com	City State and Zip Code			
	-	to be used for luture annual report notif	fication)		
For further informat	ion concerning this matter, please	call:			
NELSON ALVARI	EZ	305 381-5362			
N;	ame of Person	at () Area Code — Daytimi	e Lelephone Number		
Enclosed is a check	for the following amount:				
2 \$25.00 Filing Fo	ce \(\Box\) \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		
<u>Mailing Ac</u> Registrati	<u>ldress:</u> ion Section	<u>Street Address:</u> Registration Sec	etion		
Division	of Corporations	Division of Cor	porations		
P O Box	6327	The Centre of T	'allabaccaa		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

E & P DEEP CLEANING LLC

(Name of the Limited Liability Company as it now appears on pur records?)
(A Florida Limited Liability Company)

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.

Cin

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
			
			□Remove
			□Remove
			TChange
			TRemove
			\ \ \ \ \ \
			TRemove
			ZChange
			ERemove
			T.Change

Effective date, if other than the date of filing: (Optional) (Ban effective date is fixed, the date unit by specific and connot be prior to date of filing or more than 90 days after filing.) Pursuant to 60,50,207 (3) Note: If the date inserred in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records, he record specifies a delayed effective date, but not an effective time, at 12,01 a.m. on the earlier of: (b) The 90th day after the ord is filed. Dated MARCH 01 2024 Signoture of a member of authorized representative of a member PEDRO MISAS RIVERO				
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Filing Fee: \$25.00