L23000387466

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COVER LETTER

	egistration Sec vision of Corp				
SUBJECT	DOVAL CLI	EANING SOLUTIONS LLC			
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	• -	Name of Lim	ited Liability Co	ompany	
The enclose	ed Articles of A	mendment and fee(s) are sub-	mitted for filin	g.	
Please retur	n all correspon	dence concerning this matter	to the followin	g:	
		ARIANNA DOVAL LEIV	'A		
			Name of	Person	
		_	Firm/Co	mpany	
19135 TANGERINE DR					
		FORT MVEDS EL 22047	Addr	ess	
		FORT MYERS, FL 33967	City/State and	1 Zin Code	
		ARIANNADOVALLEYVA		•	
			_	ture annual report notific	cation)
For further	information co	ncerning this matter, please ca	all:		
ARIANNA DOVAL LEIVA		2 at (39 722-0777		
Name of Person		Area	Code Daytime	Telephone Number	
Enclosed is	a check for the	following amount:			
\$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certifie	Filing Fee & d Copy al copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Ro D P.	ailing Address: egistration So ivision of Co O. Box 6327 illahassee, Fi	ection rporations		Street Address: Registration Sect Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL.	orations allahassee Street, Suite 810

.....

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DOVAL CLEANING SOLUTIONS I	LLC			
(<u>Name of the Limited</u> (A	Liability Compa Florida Limited	nny as it now appears on our records. Liability Company))	
The Articles of Organization for this Limited Liab lorida document number L23000387466	oility Company	were filed on 08/17/2023	and assigned	
his amendment is submitted to amend the follow	ring:			
If amending name, <u>enter the new name of t</u>	he limited liab	sility company here:	24 JUL	
i/A				
he new name must be distinguishable and contain the word	ds "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."	
inter new principal offices address, if applicab	ole:	18570 MIAMI BLVD		
Principal office address MUST BE A STREET	ADDRESS)	FORT MYERS, FL 33967	6: 09 6: 09	
nter new mailing address, if applicable:		18570 MIAMI BLVD		
Mailing address MAY BE A POST OFFICE BO	<u>2X)</u>	FORT MYERS, FL 33967		
3. If amending the registered agent and/or reg gent and/or the new registered office address Name of New Registered Agent:		address on our records, <u>enter t</u>	he name of the new regist	
New Registered Office Address:	N/A			
		Enter Florida street address		
	N/A	I**1	N/A	

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.

City

Changing Registered Agent Senature of New Registered Agent

OLD ADDRESS: 19135 TANGERINE RD FORT MYERS, FL 33967 NEW ADDRESS: 18570 MIAMI BLVD FORT MYERS, FL 33967 Effective date, if other than the date of filing: 07/01/2024 (optional) If an effective date is fisted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records. c 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 it is filed.			<u> </u>	
Effective date, if other than the date of filing: 1	OLD ADDRESS: 19135	TANGERINE RD FORT MYE	ERS, FL 33967	
ffective date, if other than the date of filing:	NEW ADDRESS: 18570) MIAMI BLVD FORT MYER	S, FL 33967	
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	effective date is listed, the date : If the date inserted in thi	the date of filing:	or to date of filing or more than 90 icable statutory filing requirer	days after filing.) Pursuant to 605.0207
		ective date, but not an effective	time, at 12:01 a.m. on the ear	lier of: (b) The 90th day after the
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t / X head _	/	/		
Signature of a months or authorized representative of a member	/ /	t X red		

Filing Fee: \$25.00