123000407398

(Re	questor's Name)	
(***	-4 <i></i>	
(Ad	ldress)	-
(Ad	dress)	
(Cit	:y/State/Zip/Phone	e #)
PICK-UP	Mait	MAIL
(Bu	siness Entity Nar	ne)
(1)0	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		

Office Use Only



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09/19/23--01016--010 **60.00

A. RIVERS OCT 23 2023

COVER LETTER

TO:	Registration Se Division of Cor			
SUBJE	СТ·	ALO SER	VICE CLEANING LLC	
00000	<u> </u>	Name of Lim	ited Liability Company	·
		Amendment and fee(s) are sub	_	
			ALIX ORELIEN	
			Name of Person	
		ALO	O SERVICE CLEANING LLC	
			Firm/Company	
			805 287H ST NW	
			Address	
			WINTER HAVEN FL 33881	
			City/State and Zip Code	······································
			alixorelien04@gmail.com to be used for future annual report noti	(
For furti	her information co	oncerning this matter, please or	-	ncation)
	ALIX OR		912 4832556 at ()	
	Name of	Person		e Telephone Number
Enclose	d is a check for th	e following amount:		
□ \$25	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate 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
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: 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

•	ALO SERVICE C	LEANING LLC	
(Name of the Lim	ited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)	
he Articles of Organization for this Limited 1	Liability Compar	ny were filed on 08/30/2023	and assigned
lorida document number L23000407398	·	•	
his amendment is submitted to amend the fol	llowing:	· .	
. If amending name, enter the new name	of the limited lis	ability company here:	
LO SERVICE CLEANING LLC			
he new name must be distinguishable and contain the	words "Limited Lia	bility Company," the designation "LLC" o	or the abbreviation "L.L.C."
nter new principal offices address, if appli	cable:	N/A	
Principal office address MUST BE A STRE	ET ADDRESS)		 _
			_
nter new mailing address, if applicable:		N/A	\mathscr{L}_{r}
Mailing address MAY BE A POST OFFICE BOX)			÷ ÷
<u></u>	<u> </u>		
			`
. If amending the registered agent and/or gent and/or the new registered office addre	•	e address on our records, <u>enter th</u>	e name of the new regist
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
		Enter Florida street address	
		, Flori	ida
		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 Changing Registered Agent, Signature of New Registered Agent

li 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
		N/A	
		· · · · · · · · · · · · · · · · · · ·	□Remove
		-	□ Change
			□Remove
			□Change
			□Add
			□Remove
			□Change
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			□Remove
			□Change
			□Add
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			□Change
·-			\Gamma Add
			□Remove
			Change

•

(optional) n 90 days after filing.) Pursuant to 605.020 irements, this date will not be listed a
earlier of: (b) The 90th day after the
U 10/14/23 cmber

Filing Fee: \$25.00



October 4, 2023

ALIX ORELIEN 805 287H ST NW WINTER HAVEN, FL 33881

SUBJECT: ALO SERVICE CLEARNING, LLC

Ref. Number: L23000407398

We have received your document for ALO SERVICE CLEARNING, LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6353.

Alecia Rivers Regulatory Specialist III

(3: 10 2023

Letter Number: 923A00022859