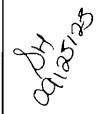
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COVER LETTER

	egistration Se ivision of Cor					
CHDICAL		LTISERVICE CLEANING LI	LC			
SUBJECT	·	Name of Lin	nited Liability Company			
The enclose	ed Articles of	Amendment and fee(s) are sub	omitted for filing.			
		ondence concerning this matter	_			
T tease reva	iii iii correspe	machee concerning this matter	to the following.			
		KATHY FRYE				
		· · · · · · · · · · · · · · · · · · ·	Name of Person			
		ELITE MULTISERVICE	CLEANING LLC			
			Firm/Company			
9521 S ORANGE BLOSSOM TRL STE 111 UNIT G						
			Address			
		ORLANDO FL 32837				
			City/State and Zip Code			
		MUNOZKATHY1920@G				
			to be used for future annual report no	nfication)		
For further	information c	oncerning this matter, please c	all:			
KATHY F	RYE		407 6170270 at()			
	Name o	f Person	Area Code Daytir	ne Telephone Number		
Enclosed is	a check for th	ne following amount:				
\$ \$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 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 So	ection			
Division of Corporations			Division of Corporations			
	O. Box 632 Illahassee, I		The Centre of 2415 N. Monro	Tallahassee oe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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ELITE MULTISERVICE CLEANING LLC

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

		· 1	
The Articles of Organization for this Limited Lia	ability Company were filed on 09/13/2023	and assigned	
Florida document number 1.23000428056	·		
This amendment is submitted to amend the follo			
A. If amending name, enter the new name of	the limited liability company here:		
ELITE PREMIUM CLEANING SERVICES LLC			
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," the designation "L	LC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applica	able:		
(Principal office address MUST BE A STREET	TADDRESS)		
	<u> </u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE E	22130	· · · · · · · · · · · · · · · · · · ·	
			
B. If amending the registered agent and/or re		er the name of the new registered	
agent and/or the new registered office address	s here:		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Florida City Zip Code		
	City	Zip Code	
New Registered Agent's Signature, if changing Re	egistered Agent:		
I hereby accept the appointment as registered provisions of all statutes relative to the prope accept the obligations of my position as regis, being filed to merely reflect a change in the re company has been notified in writing of this c	r and complete performance of my duties, tered agent as provided for in Chapter 60, egistered office address, I hereby confirm	and I am familiar with and 5, F.S. Or, if this document is	

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			Remove
			☐Change
			□Add
			□Change
			□Add
			Remove
			□ Change
			□Add
			□Remove
			□Add
			□Remove
			□Change
			□Add
			□Remove

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	·					
ffective date, if other the an effective date is listed, the date: If the date inserted in ocument's effective date or	this block does i	iot meet the ap	olicable statuto	ng or more than 90 ry filing requiren	(optional) days after filing, nents, this date) Pursuant to 605.020 will not be listed a
record specifies a delayed of is filed.	ffective date, bu	not an effectiv	e time, at 12:0	l a.m. on the earl	ier of: (b) Th	e 90th day after the
Pated JULY 21	Yalk	2025	·			
	Signature	a nember or a	uthorized represe	entative of a memb	cr	
KATHY FRYE						

Filing Fee: \$25.00