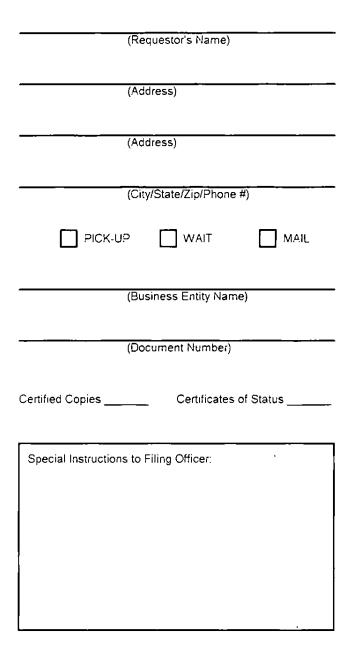
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Office Use Only



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COVER LETTER

TO:

Registration Section

Division of Cor	porations			
DEL SOL	CLEANING SOLUTIONS, LL	С		
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
	ondence concerning this matter			
ricase return an correspe	indence concerning this matter	to the following.		
	LICIA ARTICA			
		Name of Person		
	DEL SOL CLEANING SO	DEUTIONS, LLC		
		Firm/Company		
	620 NORTHERN RD #20	4		
		Address		
	SOUTH DAYTONA, FL	32119		
		City/State and Zip Code		
		JTIONSLLC@GMAIL.COM to be used for future annual report no		
			orneanon)	
For further information c	oncerning this matter, please c	all:		
FERNANDO CERVAN	TES	386 481-4233 at ()		
Name e	f Person	at () Area Code Dayti	me Telephone Number	
Enclosed is a check for the	he 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 Addres		Street Address:		
Registration Section Division of Corporations			Registration Section Division of Corporations	
P.O. Box 632			The Centre of Tallahassee	
Tallahassee,	FL 32314	2415 N. Monroe Street, Suite 810		

Tallahassee, Fl. 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limite	d Liability Company as it nov A Florida Limited Liability Co	w appears on our records.) mpany)	
The Articles of Organization for this Limited Li. Florida document number L23000439424	ability Company were filed	d on 9/21/2023	and assigned
This amendment is submitted to amend the following	wing:		
A. If amending name, enter the new name of	the limited liability com	pany here:	
The new name must be distinguishable and contain the we Enter new principal offices address, if applicate the contain the well applied to the contain the contain the well applied to the contain the containt the contain the contain the contain the containt the contai	ords "Limited Liability Compar	ny," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applica	able:		
(Principal office address MUST BE A STREE	T ADDRESS)		
			1 -
			== :
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE)	<u> </u>		<u></u>
B. If amending the registered agent and/or reagent and/or the new registered office address		on our records, <u>enter</u> the name	of the new registered
Name of New Registered Agent:	LICIA ARTICA		
New Registered Office Address:	620 NORTHERN RD #20	04	
Mediate An orthogram one.	E	Enter Florida street address	
·	SOUTH DAYTONA	, Florida ³²¹	19
	City	, 210.144	Zip Code
New Registered Agent's Signature, if changing F	legistered Agent:		

OCUPAL OUR AND CONTINUONS ALC

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

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
MGR	LICIA ARTICA	620 NORTHER RD #204	≣ Add
		SOUTH DAYTONA FL 32119	
			[]Change
			□Add
			□Remove
			□Change
			□Remove
			□Change
			□Add
			Remove
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