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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to	Eiling Officer	
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Office Use Only



10/18/23--01043--010 ++25.00

2023 OCT 16 P11 5: 48

(10/23/2023

COVER LETTER

TO:

ort notification)
.77
Daytime Telephone Number
☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
e <u>ss:</u> on Section
f Corporations
e of Tallahassee Ionroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 007 16 PN 5:48

A & I FAMILY CLEANING LLC		
(<u>Name of the Limited L</u> (A F	iability Company as it now appears on our re- lorida Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liabil Florida document number L23000449323	lity Company were filed on 9/28/2023	and assigned
This amendment is submitted to amend the followir	ng:	
A. If amending name, enter the new name of the	e limited fiability company here:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation	'LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO) B. If amending the registered agent and/or registagent and/or the new registered office address have a series of New Registered Agent: New Registered Office Address:	stered office address on our records, <u>e</u>	
_		, FloridaZip Code
	City	Zip Code
New Registered Agent's Signature, if changing Regi	stered Agent:	
I hereby accept the appointment as registered as provisions of all statutes relative to the proper a accept the obligations of my position as register being filed to merely reflect a change in the region company has been notified in writing of this change in the chang	ind complete performance of my dutie red agent as provided for in Chapter 6 istered office address, I hereby confiri	s, and I am familiar with and 05, F.S. Or, if this document is

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 	ISMAEL FUENTES	1013 POINSETTIA AVE Lehigh Acres . FL 3397	2 ■Add
			_ □Remove
			□Change
			□Add
			Remove
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			□Change

. If ameno	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
_	
(If an effect Note: If	date, if other than the date of filing:
ne record s ord is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	·
	Signature of a member or authorized representative of a member
	ISINGEL FURNTES Typed or printed name of signee
	Typed or printed name of signee

Filing Fee: \$25.00