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COVER LETTER

Registration Section

Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT:Sa	NVYY Cleaning "Name of Lim	LLC inted Liability Company		
	Amendment and fee(s) are sub			
	<u> Yolanda</u>	Name of Person		
	Sauvyy	Claning "LLC"		
	<u>428 a T</u>	Address	2023 	
	Drange	Park Horida T	2015 27015	
	Volandaring	to be used for furtre annual report noti	7	
For further information of	oncerning this matter, please c	_	fication)	•
Jolanda Name o	f Person	at (904) 531-1 Area Code Daytim	e Telephone Number	
Enclosed is a check for the	ne following amount:			
∑\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclos	
Mailing Address Registration	Section	Street Address: Registration Sec		
Division of C P.O. Box 632		Division of Cor The Centre of T	-	
- , -, -, -, -, -, -, -, -, -, -, -, -,	• •			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa- (A Florida Limited L	ny as it now appears on our r	ecords.)	
(A Florida Limited L	Jianitty Company)		
The Articles of Organization for this Limited Liability Company	were filed on <u>October</u>	2,2023	and assigned
Florida document number <u>L2.3000454044</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation	"LLC" or the abbrevi	iation "L.L.C."
Enter new principal offices address, if applicable:			
• • •			
(Principal office address MUST BE A STREET ADDRESS)			
	 	- 第	0
		·[]	의 ;;
Enter new mailing address, if applicable:			27
(Mailing address MAY BE A POST OFFICE BOX)			. .
			11.00
			<u>ω</u>
B. If amending the registered agent and/or registered office a	address on our records, e	nter the name of	the new registere
agent and/or the new registered agent and/or registered office address here:	1441755 011 041 1760145, <u>c</u>	nter the hame or	THE HEW TEMISITETE
Name of New Registered Agent:			
New Registered Office Address:			
-	Enter Florida street a	iddress	
		. Florida	
	City:	Florida <u> </u>	ip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agre	ee to act in this capacity.	I further avree t	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
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		- Horida 37	∠CC65 □Remove
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Effective date, if other than the date of filing:	

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