L23000475514

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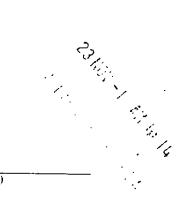


•	1		COVER LETTER	
то:	Registration 5 Division of Co	Section & prporations		•
SHRIF	IRI'S CLE	EAN SERVICES LLC		
, o Day E	C1	Name of Li	mited Liability Company	
The enc	losed Articles o	f Amendment and fee(s) are su	bmitted for filing.	
Please re	eturn all corresp	ondence concerning this matte	r to the following:	
		IRIS FERRUGGIA		
			Name of Person	
			Firm/Company	
		9170 COLMART ST		
			Address	
		SPRING HILL, FL 34608	UN	
		julianakarfitsas@gmail.con	City/State and Zip Code	
		E-mail address: (to be used for future annual report noti	fication)
or furth	er information c	concerning this matter, please c	all:	
IRIS FEI	RRUGGIA		321 436-5110 at ()	
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed	is a check for th	ne following amount:		
≅ \$25.0	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		Street Address:	

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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**



IRPS CLEAN SERVICES LLC

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

The Articles of Organization for this Limited	Liability Compar	ny were filed on 10	0/16/2023 and assigned
Florida document number L23000475514	 -		
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited lia	ibility company h	ere:
IRIS'S CLEANING SERVICES LLC			
The new name must be distinguishable and contain the	words "Limited Lia	bility Company," the o	lesignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli		SAME	
(Principal office address MUST BE A STRE	ET ADDRESS)		
		-	
Enter new mailing address, if applicable:		SAME	
(Mailing address MAY BE A POST OFFICE	BOX)		
-			
B. If amending the registered agent and/or agent and/or the new registered office addresses	registered office ess here:	address on our re	ecords, enter the name of the new registered
Name of New Registered Agent:	SAME		
New Registered Office Address:	SAME		
		Enter Flor	ida street address
			Florida
		City	, Florida Zip Code
New Registered Agent's Signature, if changing	Registered Agent	<u>:</u>	•

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
<u></u>			□ Add
			□Remove
			Change
			□Add
			□Remove
			□Change
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			☐ Change

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fective date, if other tha	an the date of filing: (optional)
ote: If the date inserted in	date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 this block does not meet the applicable statutory filing requirements, this date will not be listed a
cument's effective date on	n the Department of State's records.
ecord specifies a delayed e	effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
is filed.	
October 23	2/023'
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neu	
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00