

L23000479027

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

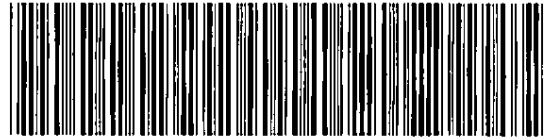
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cityscape JaniPro Commercial Cleaning, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Leticia Moraes
Name of Person

Cityscape JaniPro Commercial Cleaning, LLC
Firm/Company

PO Box 120766
Address

Clermont FL 34712
City/State and Zip Code

cityscapejanipro@gmail.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Leticia Moraes at (407) 614-3951
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

SECRET
TALLAHASSEE, FL
DIVISION OF STATE

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Cityscape JaniPro Commercial Cleaning, 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 Company were filed on 10/18/2023 and assigned Florida document number L23000479027.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability 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:

(Principal office address MUST BE A STREET ADDRESS)

20726 McKenzie Rd.

Groveland FL 34736

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

PO Box 120766

Clermont FL 34712-0766

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Rodolfo O. Szanto

New Registered Office Address:

20726 McKenzie Rd.

Enter Florida street address

Groveland

City

Florida

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CLERK OF DISTRICT COURT
TALLAHASSEE
347136

New Registered Agent's Signature, if changing Registered Agent:

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Leticia Morais	20726 mckinzie Rd.	<input checked="" type="checkbox"/> Add
		Graveland FL 34736	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
RA	Jonathon Humphreys	401 Hillside Park St # 8305	<input type="checkbox"/> Add
		minneola FL 34715	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Rodolfo Szanto	20726 mckinzie Rd.	<input checked="" type="checkbox"/> Add
		Graveland FL 34736	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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TALLAHASSEE, FL

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TALLAHASSEE FL

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated November, 1st, 2023

Signature of a member or authorized representative of a member

Typed or printed name of signee