## 123000501415

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Docyment Number)
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ECRETARY OF STATE

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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Prevery R Wright LLC Name of Limited Lipbility Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Beverly R Wright Name of Person
Beverly R Wright LLC Firm/Company
9128 Prosperity LAKE Dr
Jacksonville FL 32244 City/State and Zip Code
E-mail address: (to be used for future annual report notition)
For further information concerning this matter, please call:
Beverly Wright at (850) 270-2702  Name of Person Daytime Telephone Number
Enclosed is a check for the following amount:  S25.00 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 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

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

ARTICLES OF A	MENDMENT
TO	
ARTICLES OF OF	RGANIZATION
OF	· · · · · · · · · · · · · · · · · · ·
Bevery R. Wri	Ant LLC  St it now appears on our records.)  Soliting Company)  9.45
The Articles of Organization for this Limited Liability Company w	ere filed on11323 and assigned
Florida document number <u>L23000 501 415</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	ty company here:
Rutha's Cleaning Services Lis The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	6625 Arayle Forest BLUD STE +
(Principal office address MUST BE A STREET ADDRESS)	Jacksonville FL 32244
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	dress on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address: 6625	Argyle Forest BLVD # 4  Enter Florida street address  TOTAL STORY  City Zip Code
Jackso	mville Florida 32244  City Zip Code
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 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>	Name	Address	Type of Action
AMBR	Beverly R. Wright	6625 Argyle BLVD STE. 4	\dd
	, 3	Gobas Argyle BLVD Ste. 9  9128 Prospenty Lake Dr	Remove
	•	Jacksonville FL 32244	
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	<del></del>
Note: 1	e date, if other than the date of filing:
he record ord is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
Dated _	5/29 . 2024
	Signature of a member or authorized representative of a member  Bryon G. P. Which t  Typed or printed name of signee
	( /

Filing Fee: \$25.00