## L24000024694

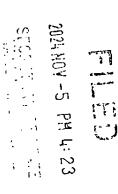
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## **COVER LETTER**

TO: Registration Section Division of Corpo	
SUBJECT:	2515 Fresh Cleaning Services LLC Name of Limited Liability Company
The enclosed Articles of An	nendment and fee(s) are submitted for filing.
Please return all corresponde	ence concerning this matter to the following:
	Kelly V Mesin Lope Z
	Firm/Company
	1323 Pierce ST APT 403
	Clear water 12 33756  City/State and Zip Code  Gabriella Meli A 2011@ gmail. Com  Elmail address: (to be used for future annual report notification)
	E-mail address: (to be used for future annual report notification)
For further information cone	cerning this matter, please call:
Kelly V Jame of Po	Messa Lopez at (727) 687 2804. Area Code Daytime Telephone Number
Enclosed is a check for the t	ollowing amount:
\$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee.  Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
Mailing Address: Registration Sec Division of Cor P.O. Box 6327	<del>-</del>

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, Fl. 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Oasis Fra	esh Cleaning	Services LL Carson our records.)
(Name of the Limited 1 (A)	<u>liability Company as it now appe</u> Florida Limited Liability Company	ars on our records.)
The Articles of Organization for this Limited Liabi Florida document number <u>L240000</u>	lity Company were tiled on _ 24_69_4	Jan 11, 2024 and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company .	here:
The new name must be distinguishable and contain the words	s "Limited Liability Company," the	designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	<del></del>
(Principal office address MUST BE A STREET A	(DDRESS)	
		6 22
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	- Ti
B. If amending the registered agent and/or regis agent and/or the new registered office address h		records, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	<u> </u>	
	Enter Fi	orida street address
<u>-</u>		, Florida
	Ciţ	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
AMRR = Authorized Memb

AMBR = A	utnorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Kelly V Mejia Lopez	1323 Pierce ST APT 40 Clearwater FL 33756	3_ □Add
		Clearwater FC 33756	□Remove
			Thange
			🗆 Add
			□Remove
			□Change
	<del></del>		□Add
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			□Remove
			□Change

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Effective date, if other than the date of filing:  [If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.  The effective date on the Department of State is records.  The 90th day after the rd is filed.  Dated  OCT 30  2024  May	_	
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Signature of a member or authorized representative of a member		Killer Alija
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