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PICK-UP WAIT MAIL
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(Document Number)
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Special Instructions to Filing Officer:





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COVER LETTER

TO:

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

	EY CRISTINA CLEANING SI	ERVICES LLC	
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	IHESHILEY C F DA CR	UZ ARAUJO	
		Name of Person	
		Firm/Company	
	6173 RALEIGH ST APT	1702	
		Address	.
	ORLANDO, FL 32835 US	S	
		City/State and Zip Code	
	julianakarfitsas@gmail.com		
	E-mail address: (to be used for future annual report	notification)
For further information c	oncerning this matter, please c	all:	
IHESHILEY C F DA C	RUZ ARAUJO	321 436-5110 au ())
Name o	f Person	Area Code Day	time Telephone Number
Enclosed is a check for the	ne 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 Addres Registration 5		Street Address Registration	
Division of C		Division of C	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limi	ted Liability Comp (A Florida Limited	any as it now appears on (Liability Company)	our records.)
The Articles of Organization for this Limited L Florida document number L24000030573		y were filed on 01/15/2	024 and assigned
This amendment is submitted to amend the foll			
A. If amending name, enter the new name o	<u>f the limited lia</u>	bility company here:	
ARAUJO'S HOME SERVICES LLC	· · · · · · · · · · · · · · · · · · ·	- ·	
The new name must be distinguishable and contain the v	vords "Limited Liah	ility Company," the designa	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	THE SAME	
(Principal office address MUST BE A STREE	ET ADDRESS)		
			ر میں دن
Enter new mailing address, if applicable:		THE SAME	<u>-</u>
(Mailing address MAY BE A POST OFFICE	BOX)		
3. If amending the registered agent and/or ragent and/or the new registered office address Name of New Registered Agent:	ss here:	address on our record	
	6965 PIA 77 A	GRANDE AVE SUITE	203
New Registered Office Address:		Enter Florida su	
	ORLANDO		Florida
		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 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>	Name	Address	Type of Action
		THE SAME	□Add
			□Remove
			□Change
		 	□Add
			□Remove
			☐ Change
			
			Remove
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Filing Fee: \$25.00