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(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Littly Name)
(Document Number)
Certified Copies Certificates of Status
Consisting a series of the consisting of the consistency of the co
Special Instructions to Filing Officer:





6/13/24



## **COVER LETTER**

Tallahassee, FL 32314

TO: Registration Division of C	Section Corporations		
	LEANING SERVICES LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub-	nitted for filing.	
Please return all corre	spondence concerning this matter t	to the following:	
	SOLL GUILLERMO SOLAR		
		Name of Person	<del></del>
	JEMS CLEANING SERVI	CES	
		Firm/Company	
	9152B SW 23RD STREET		
	-	Address	
	DAVIE, FLORIDA 33324		
		City/State and Zip Code	
	Jems Cleaning E-mail address: (1	SEMCES NC @ 9maylobe used for future annual report not	- COY)
For further informatio	n concerning this matter, please ca	ill:	
GUILLERMO SOLA	· ·	786 665-4896	
Nam	e of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check fo	or 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 Add		Street Address:	
Registration Section Division of Corporations		Registration Se Division of Co	
P.O. Box 6327		The Centre of 1	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## 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.

City

Zip Code

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
AMBR	SOICY GUILLERMO S <del>OLA</del> R	9152B SW 23RD STREET	■Add
		DAVIE, FLORIDA 33324	□Remove
			Change
MRG	BIANKHA DECASO	9152B SW 23RD STREET	
		DAVIE, FLORIDA 33324	■Remove
			Change
			□ Add
			□Remove
		1.11.2	□Change
			□Remove
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			Change
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			□Remove

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ifective date, if other than the date of an effective date is listed, the date must be specified. If the date inserted in this block do becument's effective date on the Department.	of filing:	otional) fter filing.) Pursus this date will no	ant to 605.0207 of be listed as
	, but not an effective time, at 12:01 a.m. on the earlier of:	(b) The 90th	day after the
ecord specifies a delayed effective date, is filed.			
is filed.	2024		
is filed.  ted MAY 9,	. 2024		
ated MAY 9.		: '.	
ated MAY 9.	ture of a member or authorized representative of a member	· · · · · · · · · · · · · · · · · · ·	