

	(Requestor's Name)
 _	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-U	P WAIT MAIL
	(Business Entity Name)
	(Decument Number)
	(Document Number)
Certified Copies	Certificates of Status
Special Instruction	s to Filing Officer:
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POZYNOV -5 MM 9: 20 SECRETARY OF STATE

COVER LETTER

TO: Registration Se Division of Cor				
SUBJECT: <u>Abb</u>	Ott's Clean's Name of Lim	19 LLC ited Liability Company		
	Amendment and fee(s) are sub- indence concerning this matter	-		
r rease return air correspe	indence concerning this matter	to the following.		
	Lind	sey Abbott		
	Abbott	Name of Person 'S Cleaning LLC Firm/Company		
	6801 OH Dec	<u>ubell`s</u> court. Address		
		ney, Florida 3465 ^L City/State and Zip Code to be used for future annual report notific		
For further information c	E-mail address: (oncerning this matter, please ca	all:		
Linasey Name o	Abbott f Person	at (727) 807 - 1 Area Code Daytime	8463 Telephone Number_177	
Enclosed is a check for the	he following amount:	·	V -5 LAHI	
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)		10 (F)

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

AbboH's cleaning LLC		
(<u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability (Company were filed on OI/18/2024	and assigned
Florida document number <u>L24 00 00 3 5406</u>	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lir	mited Liability Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
		187
		AGE TO
Enter new mailing address, if applicable:		LET X
(Mailing address MAY BE A POST OFFICE BOX)		7.4
		SE 30
		- 15 N
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		ne of the new registered
Name of New Registered Agent:	,	
New Registered Office Address:		
	Enter Florida street address	
	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.

Simoses Athett
If Changing 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
Ambr.	Linksey Abbott	6801 O' Decubell's court	B Add
		New Port Richey, Florida 3465	<u>ୱ</u> □Remove
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ective date, if other	than the date o	of filing:			(optional)		
effective date is listed, the listed of the listed of the lister inserted of the lister ins	he date must be spec	citic and cannot be p	prior to date of fili	ng or more than 90 day	's after filing.) I	oursuant to 60)5.020 sted :
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cord specifies a delayo s filed.	ed offective date,	but not an effectiv	ve time, at 12:01	a.m. on the earlier	of: (b) The	90th day aft	er th
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