L24000038749

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phon	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number))
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
UMi	l	





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02/06/24--01025--007 **25.00



IMPORTANT NOTICE



PLEASE SEND ALL DOCUMENTS -APPROVED OR REJECTED TO THE ADDRESS BELOW.

INC AUTHORITY ATTN: CORPORATE MAINTENANCE LEAD

1450 VASSAR ST RENO, NV 89502

OR

RETURNDOCS@INCAUTHORITY.COM

TO: PHYSICAL: Dept. of State

Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

MAILING: Dept. of State

Division of Corporations

Corporate Filings P.O. Box 6327

Tallahassee, FL 32314

FROM: Inc Authority, LLC

1450 Vassar St Reno NV 89502 (800) 638-2320 (775) 329-0852

DATE: Tuesday, January 30, 2024

SENT VIA USPS

To Whom It May Concern:

Attached, please find the following document(s):

• Articles of Amendment

For: CRAZY CLEANING LADY SERVICES, LLC

We have included payment in the amount of \$25.00 for the following fees:

• Filing Fee

We have included one original and one copy.

If there are any questions, please call 800-638-2320

Please return the file stamped copy of Amendment to Articles of Organization to the address below:

Processing Department 1450 Vassar St Reno NV 89502

COVER LETTER

TO:	Registration Se Division of Cor			
SUBJI	ect: <u>CRAZY</u> (CLEANING_LADY_SER Name of Lim	MICES, LLC	
The en	iclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Corpor	ate Maintenance Le	ad
		Prod	essing Department	
			1450 Vassar St	
			Address	
			Reno, NV 89502 City State and Zip Code	
		Famul address:	to be used for future annual report not	fication)
For fu	rther information c	oncerning this matter, please c		
	Process	ing Department	at (800) 638-2320	
	Nume o	f Person	Area Code Daytim	e Telephone Number
Enclos	sed is a check for th	ne following amount:		
	5.00 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 ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tullnhassee, FL 32314		STREET/COUR! Registration Section Division of Corpor Clifton Building 2661 Executive Co Tallahassee, FL 33	on nations enter Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CRAZY CLE	EANING LADY SERVICES, LLO	
(Name of the Limited Li (A F	ability Company as it now appears on our lorida Limited Liability Company)	records,)
The Articles of Organization for this Limited Liabil	ity Company were filed on <u>01/19/24</u>	and assigned
Florida document number L24000038749	·	
This amendment is submitted to amend the following	iā:	
A. If amending name, enter the new name of the	fimited liability company here:	
CRAZY	CLEANING LADIES, LLC	
CRAZY The new name must be distinguishable and contain the words	"Limited Liability Company," the designation	"ELC" or the abbreviation "L L.C."
Enter new principal offices address, if applicable	:	
Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX	<u>v</u>	,
B. If amending the registered agent and/or i registered agent and/or the new registered office		cords, enter the name of the ne
The second of th	address, acre	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	adaress
		, Florida
_	Cip	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 = 7	Nuthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
	***		Add
		<u></u>	☐ Remove
			Change
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Note:	If the date inse	rted in this block	tte of filing: N/A e specific and cannot be does not meet the artment of State's re	applicable statutor	ig or more than 90 da	(optional) ys after filing.) Pursua nts, this date will no	int to 605.020? I be listed as
	cord specifie e 90th day af			ut not an e ffec	tive time, at 12	2:01 a.m. on the	e earlier o
Dated	fance	ang ?	<u> Ы УМ</u> С Ш УМС	024 Mic C	http://		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00