L24000039920

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

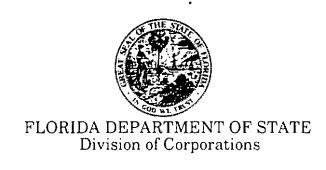
Office Use Only



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November 20, 2024

OFER MOR 5441 SW 24TH AVE FORT LAUDERDALE, FL 33312

SUBJECT: DRYPRO 24HR, LLC Ref. Number: L24000038920

We have received your document for DRYPRO 24HR, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.", also are no longer acceptable. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

SHANTELL BROWN Regulatory Specialist II

Letter Number: 624A00024359

COVER LETTER

Division of Corp	porations			
hrif	PO ZUHE LLO	-		
SORPECT: DI	Name of Limi	ted Liability Company		
The enclosed Articles of a	Amendment and fee(s) are subt	mitted for filing.		
Please return all correspon	ndence concerning this matter t	to the following:		
	Ofer i	MOR Name of Person		
	·	Name of Person		
		Firm/Company		
	5441 SW			
		Address		
	Fort Land	City/State and Zip Code 2 g mail lom to be used for fillure annual report notific	3312	
	0/2/2016/05/	City/State and Zip Code		
	E-mail address: (to be used for future annual report notific	cation)	~ 1
For further information c	oncerning this matter, please ca		71 013 013 013	2024 Dad - 3 PH 4: 5
		at ()	RET	Ch Silver
Name o	f Person	at ()	Telephone Number	- ພໍ່.
			350	70
Enclosed is a check for the	ne following amount:		1-3 -43	
☐ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	S60.00 Filing For Certificate of S Certified Copy (additional copy is	ee, Status &
			(additional copy is	

TO:

Registration Section

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**

DYYPro 24HR LI			
(Name of the Limited Liability C (A Florida Lin	ompany as it now appeanted Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Com		01 4 20	nd assigned
Florida document number <u>L 240000389</u>	20	1 1	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited Cleaning Service Sclu The new name must be distinguishable and contain the words "Limited"			or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES	<u>'S)</u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			2024.086-3 PI
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our r	ecords. <u>enter th</u>	te name of the new registered
Name of New Registered Agent:			
New Registered Office Address:	Enter Flo	rida street address	
		, Flor	
	City		Zip Code

New Registered Agent's Signature, if changing Registered Agent:

JANATOR

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
			☐ Add
			□Remove
			□Add
	·		
			Change
			Dec Add
			SOO Remove.
			Change
			□Add
			□Remove
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			🗀 Add
			□Remove
			□Change
			⊡Add
			□Remove

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.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after ordinary filing requirements. Dated	
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