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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: 1817 Team Services Cleaning, UC Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Carmelo Jeronimo Santiago Name of Person CA Firm Company 1800 N East Ave Lot 9 Address Panama City, Florida 32405 City/State and Zip Code Reyesgeronimo 268 @gmail.com	2024 APR 15
E-mild address: (to be used for future annual seport notification) For further information concerning this matter, please call:	·
Carmelo Jeronimo Santiago at 850 399 - 0206 Name of Person Javane Telephone Number	19 19 56 19 19 56
Enclosed is a check for the following amount:	
	Status & y

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

1 de Viteam Services (Name of the Limited Liability Companion (A Florida Limited Liability)	Cleaning UC ny as it now appears an our records.) iability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L24 00004 22 1</u> Z	- 1 1	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil Team Cleaning Servi The new name must be distinguishable and contain the word "Limited Liabili Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	ity Company," the designation "LLC" or the designation "LLC" or the designation of the de	st Unit 2 Seach,
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	ddress on our records, <u>enter the i</u>	SECRETARIAN OF AN OF SECRETARIAN OF
New Registered Office Address:	Enter Florida street address	7 <u>7</u> 55
	, Florids	
•	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>	<u>Name</u>	Address	Type of Action
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ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing e: If the date inserted in this block does not meet the applicable statutory ument's effective date on the Department of State's records.	or more than 90 days afte		suant to 6	
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cord specifies a delayed effective date, but not an effective time, at 12:01 a filled.				
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Filing Fee: \$25.00