

| (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; |
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03/20/24 -01021--028 **30.00





COVER LETTER

| TO: | Registration Se Division of Cor | | | • | | | |
|--|------------------------------------|--|---|--|---|--|--|
| CHDIE | | a Cleaning and Services Llc | | د. | | | |
| SUBJEC | , I ; <u></u> | Name of Lin | ited Liability Company | | | | |
| The encl | osed Anicles of | Amendment and fee(s) are sub | mitted for filing. | | | | |
| Please re | turn all correspo | ondence concerning this matter | to the following: | | | | |
| | | Lidia Camposeco | | | | | |
| | | | Name of Person | | | | |
| | | | Firm/Company | | | | |
| | 2290 48th Terrace North Address | | | | | | |
| | | | | | | | |
| | | West Palm Beach FI 3341 | City/State and Zip Cod | | | | |
| | | lilafamiliacleaningandservi | | C | | | |
| | | | to be used for future annu- | al report notification) | _ | | |
| For furth | er information c | concerning this matter, please o | all: | | | | |
| Lidia Ca | mposeco | | 561 6 | 528-(H)60 | | | |
| | Name o | (Person | Area Code | Daytime Telephone Nu | umber | | |
| Enclosed | l is a check for th | he following amount: | | | | | |
| □ \$ 25. | 00 Filing Fee | ■ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing For Certified Copy (additional copy is c | Cer melosed) Cen | 00 Filing Fee. tificate of Status & tified Conc. itional coloris enclose R 20 | | |
| Mailing Address: Registration Section Division of Corporations | | | Regis Divisi | Address: tration Section ion of Corporations | AMIO: 01 OF STATE SEE, FL | | |
| P.O. Box 6327 Tallahassee, FL 32314 | | | | Centre of Tallahassee N. Monroe Street, Su | ite 810 | | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lila Familia Cleaning and Services

| (<u>Name of the Limited Liability Compa</u> (A Florida Limited I | ny as it now appears on our records.) hability Company) | | | | |
|---|---|--|--|--|--|
| The Articles of Organization for this Limited Liability Company Florida document number L24000062205 | were filed on 02/02/2024 and assigned | | | | |
| This amendment is submitted to amend the following: | | | | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | | | | |
| The new name must be distinguishable and contain the words "Limited Liabil | ity Company," the designation "LLC" or the abbreviation "L.L.C." | | | | |
| Enter new principal offices address, if applicable: | 2290 48th Terrace North West Palm Beach, Fl 33417 | | | | |
| (Principal office address MUST BE A STREET ADDRESS) | | | | | |
| | | | | | |
| Enter new mailing address, if applicable: | | | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | | | |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: | address on our records, enter the name of the new registered | | | | |
| Name of New Registered Agent: | | | | | |
| New Registered Office Address: | Enter Florida street address Florida | | | | |
| | City Zip Code | | | | |
| New Registered Agent's Signature, if changing Registered Agent: | 527 O F | | | | |
| I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as positing filed to merely reflect a change in the registered office company has been notified in writing of this change. | ee to act in this capacity. I further agree to comply with the performance of my duties, and I am fapilliar Ath and provided for in Chapter 605, F.S. Or, if this document is | | | | |
| | | | | | |

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 of removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
|--------------|-----------------|--------------------------|---------------------------------|
| ANBR | Lidia Camposeco | 2290 48th Terrace North | = Add |
| | | West Palm Beach Fl 33417 | Remove |
| | | | □ Change |
| MGR | Edgar Zunun | 2290 48th Terrace North | = Add |
| | | West Palm Beach 33417 | □Remove |
| | | | □ Change |
| | | | |
| | | | □Remove |
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| | | | R 20 Change THE ALL AHASSEE, FL |
| | | | □ □ □ □ Add □ □ □ Remove |
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| ffective date. | if other than t | he date of fil | ling: | | CI | (opt | tional) | | こんかのフ |
| Note: If the date | inserted in this | s block does no | ot meet the ap | oplicable stati | notal tiling re | quirements, th | his date will n | ot be list | ed as |
| locument's effec | tive date on the | Department o | of State's reco | ords. | | | | 2(| |
| | | | | | | | TAT | 2024 HER 20 | err., |
| record specifies d is filed. | a delayed effec | ctive date, but | not an effecti | ive time, at 12 | 2:01 a.m. on t | the earlier of: (| (b) Tie 9011 | afte So | r thô |
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