L24000094122

(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:





300426174203

03/22/24--01021--009 **25.00



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LORES MONTES CLEANING SERVICES LLC		
(Name of the Limited Liability Comp (A Florida Limited	oany as it now appears on our records. (Liability Company)	
The Articles of Organization for this Limited Liability Compan	y were filed on 02/22/2024	and assigned
lorida document number L24000094122		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
-		
 If amending the registered agent and/or registered office agent and/or the new registered office address here: 	address on our records, enter t	he name of the new registe
gent and of the new 1,5g, see ed office and 1550 here.		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Floi	rida
	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.

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Div	ision of Corp	porations		
CUBIECT		ONTES CLEANING SERVICE	ES LLC	
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	l Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspon	ndence concerning this matter	to the following:	
		SARAHI HERNANDEZ		
			Name of Person	
			Firm/Company	
	3515 GEORGIA AVE			
	Address			
		WEST PALM BEACH, FI	. 33405	
		SARAHIHDZ88@GMAIL.	City/State and Zip Code COM	
		-	to be used for future annual report no	tification)
For further in	nformation co	oncerning this matter, please ca	all:	
SARAHI HE	ERNANDEZ		716 949-3339 at () Area Code Dayti	
•	Name of	Person	Area Code Dayti	me Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$25.00 F	filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	iling Address gistration S		Street Address: Registration S	ection
		orporations	Division of Co	
	Box 632	•	The Centre of	-

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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
MGR	SARAHI HERNANDEZ	3515 GEORGIA AVE	= Add
		WEST PALM BEACH FL 33405	□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change
			□Add 、
			□Remove
			□Change
			
			Remove
			□Change
		-	□Add
		 	
			□ Change

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fan eff <u>Note:</u>	ive date, if other than the date of filing:
recor	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
	MARCH 13 2024
ated	. 2027
Dated	Signature of a member or authorized representative of a member

Filing Fee: \$25.00