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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Cummings 2-4 Cleaning Service HC 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:	
Tenisha Cummings Name of Person	
Cummings Z-4 Cleaning Service LLC) -
6745 Flopsy Lane	
Jacksonville, Fl 32210 City/State and Zip Code	
Cumping Sau Cleaning Service amail. Com E-mail address: (to be used for future annual report notification)	,
For further information concerning this matter, please call:	-
Tenisha Cummings at 914 217-9737 Name of Person Daytime Telephone Number	
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee	
Mailing Address: Street Address:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L24000106559</u> .	were filed on March 1, 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 Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	6745 Floory Lane
(Principal office address MUST BE A STREET ADDRESS)	Jacksonville, FI 32210
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.O. Box 14071 Jacksonville, Fl 32238
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:	<u> </u>
	Enter Florida street address
-	, Florida
	City Lip 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 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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AMBR	Tenisha Cummings	6745 Flopsy Ln Jax F1322	10 DAdd
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