

To: **FILED**

Page: 1 of 4

2025-01-15 03:35:24 UTC+14

18506176383

From: ZenBusiness User

**L24000122114**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

H25000015719 3

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H25000015719 3))



H250000157193ABC

**Note: DO NOT** hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : ZENBUSINESS INC.  
Account Number : I20230000190  
Phone : (844)449-3624  
Fax Number : (512)597-0678

**FILED**  
2025 JAN 14 PM 3:08  
RECEIVED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**RECEIVED**  
2025 JAN 14 PM 1:18  
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
CYPRESS POND TOWING LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY

H25000015719 3

JAN 15 2025

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

H25000015719 3  
FILED  
2025 JAN 14 PM 3:09  
TALLAHASSEE, FLORIDA

CYPRESS POND TOWING LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 03/11/2024 and assigned  
Florida document number 1.24000122114.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Florida Flawless Cleaning Services LLC

The new name must be distinguishable and contain the words "Limited Liability 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)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

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:**

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

H25000015719 3

To:

Page: 3 of 4

2025-01-15 03:35:24 UTC+14

18506176383

From: ZenBusiness User

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Lazaro Jesus Almeida	2335 Robin Dr	<input type="checkbox"/> Add
		Naples, FL 34117	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Sarah Kay Nagy	2943 Orange Grove Trail	<input checked="" type="checkbox"/> Add
		Naples, FL 34120-7450	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED  
JAN 15 2025  
PHS:09

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

Business Purpose : Cleaning company offering services to residential and commercial properties.

light handyman work and debris removal.

FILED  
2025 JAN 14 PM 3:09  
RECEIVED  
FEB 11 2025  
FEB 11 2025

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

(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.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If 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 the record is filed.

Dated January 14th, 2025

/s/ Sarah Kay Nagy

Signature of a member or authorized representative of a member

Sarah Kay Nagy

Typed or printed name of signee