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| Special Instructions to Filing Officer: |
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2024 APR -8 PH 1: 05



April 9, 2024

LILLIANA M. MEJIA 15985 PRESERVE MARKETPLACE BLVD. #144 ODESSA, FL 33556

SUBJECT: RESIDENTIAL & COMMERCIAL CLEANING LLC

Ref. Number: L24000128031

We have received your document for RESIDENTIAL & COMMERCIAL CLEANING LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Letter Number: 924A00007627

Rebekah White Regulatory Specialist III

## **COVER LETTER**

| TO:           | Registration Section Division of Corporations  |  |
|---------------|--|--|
| SUBJE         | Residential & Commercial Cleaning Ilc  |  |
| SUBJE         |  | mited Liability Company  |
| The enc       | closed Articles of Amendment and fee(s) are sul  | bmitted for filing.  |
| Please r      | return all correspondence concerning this matter   | r to the following:  |
|               | Lilliana M Mejia   |  |
|               |  | Name of Person   |
|               |  | Firm/Company   |
|               | 15985 Preserve MarketPk  | **   |
|               |  | Address  |
|               | Odessa / florida / 33556   |  |
|               |  | City/State and Zip Code  |
|               | housecommercialcleaning.  E-mail address:  | into@gmait.com (to be used for future annual report notification)  |
| For furt      | ther information concerning this matter, please of   |  |
| Lilliana      | a M Mejia / Javier Mejia   | 727 430 8591   |
|               | Name of Person   | Area Code Daytime Telephone Number   |
| والمعادية     | ed is a check for the following amount:  |  |
| <b>€</b> \$25 | 5.00 Filing Fee & Certificate of Status  | ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee.  Certified Copy (additional copy is enclosed) ☐ Certified Copy (additional copy is enclosed)      |
|               | 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

2024 APR -8 01 1:05

Residential & Commercial Cleaning Ile

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

|  | were filed on $\frac{0.3/14/2024}{}$ and assigned                 |           |
|--|---|-----------|
| Florida document number L24000128031   |   |           |
| This amendment is submitted to amend the following:  |   |           |
| A. If amending name, enter the new name of the limited liab  | lity company here:  |           |
| House & Commercial Cleaning IIc  |   |           |
| 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:  |   |           |
| (Principal office address MUST BE A STREET ADDRESS)  |   |           |
|  |   |           |
|  | 15985 Preserve Marketplace Blvd #144                              |           |
| Enter new mailing address, if applicable:  | <u> </u>  |           |
| (Mailing address MAY BE A POST OFFICE BOX)   | Odessa fl , 33556   |           |
|  |   |           |
|  |   |           |
| 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 name of the new registere</u> | <u>:d</u> |
| agent and/or the new registered office address here:   |   | <u>:d</u> |
| agent and/or the new registered office address here:  Name of New Registered Agent:  | Enter Florida street address                                      | <u>:d</u> |
| agent and/or the new registered office address here:  Name of New Registered Agent:  | Enter Florida street address                                      | <u>:d</u> |
| Name of New Registered Agent:  New Registered Office Address:  |   | <u>:d</u> |
| agent and/or the new registered office address here:  Name of New Registered Agent:  | Enter Florida street address, Florida City Zip Code               |           |

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<br>effective date is listed, the date must<br>te: If the date inserted in this blo<br>ument's effective date on the De | be specific and cannot be prior to<br>sek does not meet the applicab |                               |                                   |
| cord specifies a delayed effective<br>s filed.  | date, but not an effective tim                                       | ie, at 12:01 a.m. on the car  | lier of: (b) The 90th day after t |
| , APRIL , LITH  | 2024   |                               |                                   |
| ed APRIL . HTH  | ·  | <b>.</b> ·                    |                                   |
|   |  |                               |                                   |
|   | Signature of a member or author                                      |                               | 205                               |
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Filing Fee: \$25.00