

To:

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2024-11-06 09:40:44 UTC+14

18506176383

From: ZenBusiness User

11-57 PM, 2024 PM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

H24000368750 3

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((H24000368750 3))



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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

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
WINDOW CLEANING NAPLES FL LLC

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K. SALY

NOV -6 2024

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Corporate Filing Menu

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18506176383

From: ZenBusiness User

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

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Window Cleaning Naples FL 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 03/26/2024 and assigned
Florida document number L24000146855.

This amendment is submitted to amend the following:

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

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:

289 Burning Tree Drive

(Principal office address MUST BE A STREET ADDRESS)

Naples, FL 34105

Enter new mailing address, if applicable:

289 Burning Tree Drive

(Mailing address MAY BE A POST OFFICE BOX)

Naples, FL 34105

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

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From: ZenBusiness User

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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	Davis Galassini	289 Burning Tree Drive	☐ Add
		Naples, FL 34105	☐ Remove
			☒ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
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			☐ Remove
			☐ Change

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