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COVER LETTER

то:	Registration Section Division of Corpor	n ations			
	DustBuster Clo	eaning Services L.L.C			-
SUBJE	CCT:	Name of Limited I	Liability Company		
		nendment and fee(s) are submitt lence concerning this matter to the			
		Sean D Williams			
			Name of Person		
		Dustbuster Cleaning Services			
			Firm/Company		
		13361 caribbean blvd			
			Address		
		fort myers.fl ,33905			
			City/State and Zip Code		
		dustbusterservices24@gmail.	com be used for future annual re	eport notification)	_
For	further information c	oncerning this matter, please cal			
Sea	in D Williams		at ()	-1095	Lumbur
		of Person	Area Code	Daytime Telephone N	
C.	closed is a check for	the following amount:			
	\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee Certified Copy (additional copy is en	C 	0.00 Filing Fee. ertificate of Status & ertified Copy dditional copy is enclosed)
	P.O. Box 6	n Section Corporations	Regist Divisi The C 2415 I	Address: ration Section on of Corporations entre of Tallahasse N. Monroe Street, nassee, FL 32303	ec : }



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DustBuster Cleaning Services L.L.C.		
(<u>Name of the Limited Liabili</u> (A Florida	ity Company as it now appears on a Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability C	Company were filed on 4/12/20	24 and assigned
Florida document number 1.24000174976	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	·····	
Principal office address MUST BE A STREET ADDI	RESS)	, <u> </u>
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		,
3. If amending the registered agent and/or registered	d office address on our recor	ds, enter the name of the new registe
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida s	treet 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

If amending Au ized 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>	Type of Action
MGR	Scan D Williams	13361 caribbean blvd	⊟ Add
		fort myers, fl, 33905	_
			□Change
AMBR	Kaydra Lindsey	13361 caribbean blvd	■Add
		fort myers, fl. 33905	□ Remove
			□ Change
			□ Remove
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ctive date, if other than the frective date is listed, the date in	he date of filing:	ot be prior to date of	filing or more than 90 de	(optional)	. 605 U.
If the date inserted in this	block does not meet (the applicable statu	tory filing requireme	nts, this date will not be	listed
ment's effective date on the	Department of State	s records.			
ord specifies a delayed effect filed.	tive date, but not an e	ffective time, at 12	01 a.m. on the earlie	r of: (b) The 90th day	after th
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May 25	20	24			
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-		$(\mathbf{x}, \mathbf{j}, \mathbf{i}, \mathbf{k}, \mathbf{i}, \mathbf{j})$	1100		

Typed or printed name of signee