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(Requestor's Name)
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(Business Entity Name)
(Document Number)
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SECRETARY OF STATE

COVER LETTER

TO:

TO: Registration So Division of Cor			
LIANY S C	CLEANING SERVICE LLC		
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	LLAINET DORTA CAST	ILLO	
		Name of Person	
	Tha	\mathcal{C}	
		Firm/Company	
	3700 SW 91 ST AVE		5 M
		Address	THE T
	MIAMI, FL 33165		2024 MAY -8 PH 1: 17 SECRETARY OF STATE TALLAHASSEE. FL
		City/State and Zip Code	P# 75.0
	sygoservices@gmail.com	to be used for future annual report notif	mo -
For further information c	oncerning this matter, please or	·	THE I
LLAINET DORTA CAS	STILLO	305 316-2112	
Name o	f Person		· Telephone Number
Enclosed is a check for t	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration		Street Address: Registration Sec	ction
Division of C	Corporations	Division of Cor	porations
P.O. Box 632		The Centre of T	
Tallahassee.	r L 32314	Z415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LIANY S CLEANING SERVICE LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Plorida document number <u>L24000182181</u> .	y were filed on <u>04/17/22024</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
LLANY S CLEANING SERVICE LLC		
The new name must be distinguishable and contain the words "Lunited Liab	ility Company." the designation "LLC" o	
Enter new principal offices address, if applicable:		SECT AF
Principal office address MUST BE A STREET ADDRESS)		ARE THAT
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		B PH 1:17
3. If amending the registered agent and/or registered office	and denote on the managed and the the	
gent and/or the new registered office address here:	address on our records, emer in	e maine of the new regist
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Emer Pioriaa sireei adaress	
	, Flori	
	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 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
			□Add
			□Remove
			☐Change
			□Add
			□Remove
			☐ Change
			SECRETARY -8
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Effective date, if other than the date of filing: (of an effective date is listed, the date must be specified and cannot be prior to date of filing or more than 90 days a Morte: If the date inserted in this block does not meet the applicable statutory filing requirements, document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of d is filed. Dated 30, APRIL , 2024	SECRETARY OF STATE
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d is filed.	
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	of: (b) The 90th day after the
$\frac{30, APRIL}{P_{\ell}}, \frac{2024}{C}$	
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Signature of a member or authorized representative of a member	