L24000 184 378

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05/25/24--01015--005 **25.00



COVER LETTER

TO: Registration Section Division of Corpo				
SUBJECT:	CLEANING SON	vices LLC		
	Name of Lim	ited Liability Company		
The enclosed Articles of Ar	nendment and fee(s) are sub	mitted for filing.		
Please return all correspond	ence concerning this matter	to the following:		
	Loz I	EChandra Name of Person		
		Name of Person		
	LMC CO	LEANING SERVIC	ies HC	
		Firm/Company		
	1460 Mod	EM LN APT	109	
		Address		
	Kissina	10e FL 34	1744	
	1.22.4	nee FL 34 City/State and Zip Code		
		to be used for future annual	(Consult on distriction)	
			report nottications	
For further information con	cerning this matter, please c	au:		
Luz I E	chandia	at (<u>32(</u>)	330 6857 Daytime Telephone Number	
Name of P	erson	Area Code	Daytime Telephone Number	
Enclosed 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 end	Certificat closed) Certified	e of Status &
<u>Mailing Address:</u> Registration Se	ction	_	ration Section	:
Division of Cor			on of Corporations entre of Tallahassee	
P.O. Box 6327 Tallahassee, FU	. 32314	2415 N	I. Monroe Street, Suite 8 assee, FL 32303	10

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Com (A Florida Limited	pany as it now apped Liability Company	ears on our	record	<u>s.</u> }	
The Articles of Organization for this Limited Liability Compan					_ and assigned
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited lia	ibility company	<u>here</u> :			
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the	e designatio	n "LLC	" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)					
P. d					
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)					· ·
(Mailing agaress SIAT BE ATOST OF FICE BOX)				<u></u>	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	e address on our	records,	enter	tne name	of the new register
New Registered Office Address:					
	Enter F	lorida stree			
	City		, Fl	orida	Zip Code
New Registered Agent's Signature, if changing Registered Agen	•				•
I hereby accept the appointment as registered agent and ay provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered officeompany has been notified in writing of this change.	gree to act in thi te performance s provided for in	of my duu 1 Chapter	ies, ai · 605,	nd I am fa F.S. Or, ij	miliar with and "this document is
TF CH	nanging Registered	Agent, <u>Sig</u> i	ature (of New Regi	tered 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
MGR	Luz Ines Echandia	1460 modem lane aparigmento 109 Kissimmee, FL 34744	ŒAdd
		· · · · · · · · · · · · · · · · · · ·	□Remove
			□ Change
	Mariana Capo		□ Add
		1460 modern lane apto 19 Kissi:	nmerikemove
		EL 34744	□Change
			🗀 Add
			□Remove
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ective date, if other the effective date is listed, the term of the date inserted in the ument's effective date in the date in	in this block does	anot meet the app	olicable statutory	(op or more than 90 days at Iling requirements, t	tional) ter filing.) Pursuant to 605.02 his date will not be listed a
cord specifies a delayed s filed.	l effective date, b	ut not an effectiv	e time, at 12:01 a	m, on the earlier of:	(b) The 90th day after th
ed june	1914	. 202	<u>Y_</u> .		
	_ 1.,,.	. 1000	Eshou.	dia.	- •
	<u>- 200</u>	11106	THE STATE OF THE		 , ,
	Signatur	e of a member or a	utnorized represent	tive of a member	

Filing Fee: \$25.00