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Registration Section

Tallahassee, FL 32314

TO:

Division of Corpo	orations		
SUBJECT: ###	Service Name of Limit	SUPENC (led Liability Company	Gleaning LLC
The enclosed Articles of A	mendment and fee(s) are subr	nitted for filing.	
Please return all correspon	dence concerning this matter t	o the following:	
	Jean	Name of Person	
	At Your S	Service Supr	reme cleaning 11c
	15007 De	er Meudow Address	Dr.
	Lutz Fla	City/State and Zip Code	7.1
	OUSSUPTEM E-mail address: (t	o be used for future annual report hou	grant Con
For further information co	neerning this matter, please co	ıll:	
Jean R	Person	at (<u>813</u>)Daytim	D-3918 ne Telephone Number
Enclosed is a check for the	Supreme Cleaning IIC Final/Company Supreme Cleaning IIC Address Littz Fla 33559 City/State and Zip Code Outsupreme Cleaning IIC Address: In Solo Of Filing Fee & Certified Copy (additional copy is enclosed) Outsupreme Cleaning IIC Address: Outsupreme Cleaning IIC Outsupreme Cleaning IIC Address: Outsupreme Cleaning II		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status		Certificate of Status & Certified Copy
Mailing Address Registration S		Registration Se	
Division of Co	orporations		
P.O. Box 632° Tallahassee, F			pe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Same of the Limited Liability Company as it now appears on our rec (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on Florida document number _ 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: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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

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 Type of Action Address Title Name 15007 Deer Mecclow &Add
Dr. Lutz Fla 33559 Remove MGR/AMBR Jean Ruth _____ Change □Remove _____ Change Remove _____ Change _____ Remove _____ Change

	information, enter change(s)			
Whe didn-	n Z regis	stor my E had nyself order - account s pleise).	comp to no to co	204 14 1000 1004 2004
				2024 OCT 24 PM 1:
f an effective date is listed, t Note: If the date inserted document's effective date	than the date of filing: e date must be specific and cannot be in this block does not meet the ap on the Department of State's reco	oplicable statutory filing requiords.	irements, this date	will not be listed as ti
record specifies a delayed is filed. Dated	d effective date, but not an effecti	ive time, at 12:01 a.m. on the	earlier of: (b) Th	e 90th day after the
	Signature of a member or	authorized representative of a m	ember	