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(Re	questor's Name)	
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COVER LETTER

TO: Registration S Division of Co			
0110 10 000	aning Solutions, LLC		
SUBJECT:	Name of Lim	ited Liability Company	 -
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Devan Mendez		
		Name of Person	
	DAC Cleaning Solutions,	LLC	
		Firm/Company	
	7001 Seabury Court		
	 	Address	
	Tampa, FL 33615		
		City/State and Zip Code	_
	daccleaningsolutions@gma E-mail address: (il.com to be used for future annual report notif	ication)
For further information	concerning this matter, please ca	·	
Devan Mendez		813 767-6884	
Name	of Person	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 enclosed)	■ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DAC CLEANING SOLUTIONS, LLC		
(Name of the Limited Liability Compa (A Florida Limited I.	ny as it now appears on our recordy liability Company)	<u>)</u>
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 05/13/2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "I.I.C"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		202
(Principal office address MUST BE A STREET ADDRESS)		The second secon
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		ANSSEE FE
B. If amending the registered agent and/or registered office a	iddress on our records, enter	the name of the new register
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Flo	orida
	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 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>	Name	Address	Type of Action
AR	ALBERTO MENDEZ	7001 SEABURY COURT	
		TAMPA, FL 33615	_
			Change
MGR	MGR ALBERTO MENDEZ	7001 SEABURY COUR	∃ Add
		TAMPA, FL 33615	□Remove
			□Change
AR	CHRISTOPHER J FERNANDEZ	7001 SEABURY COURT	□Add
		TAMPA, FL 33615	■Remove
			□Change
AR	DEVAN G MENDEZ	7001 SEABURY COURT	
		TAMPA, FL 33615	□Remove
			□Change
			□Add
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<u>iote:</u> I	ve date, if other than the date of filing: (optional) ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
record d is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated _	JUNE 4 2024
	1//~ (4)
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00