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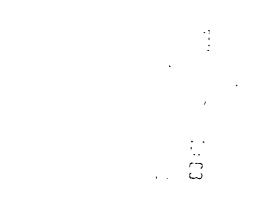
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## **COVER LETTER**

TO:	Registration Se Division of Cor						
CHDIE		CLEAN SYD LLC					
SUBJEC	.1:	Name of Lin	nited Liability Company				
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please re	turn all correspo	ondence concerning this matter	to the following:				
		SINDY HIGUITA GARCES					
			Name of Person				
		SERVICE CLEAN SYD LLC					
			Firm/Company	,			
		13380 PORT SAID RD A	PT 11	-			
		<del></del>	Address	<del></del> : •:			
		OPA LOCKA MIAMI FL 33	054				
		···	City/State and Zip Code				
		servicecleansyd@gmail.					
For furth	er information e	E-mail address: (	to be used for future annual report notification)				
	IGUITA GARCES	-	786 984-4783				
	Name o	f Person	Area Code Daytime Telephone	Number			
Enclosed	is a check for th	he following amount:					
\$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed) Co	0.00 Filing Fee, ertificate of Status & ertified Copy idditional copy is enclosed)			
	Mailing Addres		Street Address:				
	Registration S Division of C		Registration Section Division of Corporations	Registration Section Division of Corporations			
	P.O. Box 632	-	The Centre of Tallahassee				
•	Tallahassee, I	FL 32314	2415 N. Monroe Street, S	uite 810			

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SERVICE CLEAN SYD LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on JUNE 10, 2024 \_\_\_ and assigned Florida document number <u>L.24000264252</u> 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

\_\_. Florida \_\_\_

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
MGR	DEIVIS HINESTROZA CAMPOS	13380 PORT SAID RD APT 11 OPA LOCKA	□ Add
		MIAMI FL 33054	■Remove
			□Change
			□Add
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ecord specifies a delayed effi is filed.	fective date, but	not an effective t	time, at 12:01 a.n	n. on the earlier of:	(b) The 90th day after t
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Filing Fee: \$25.00