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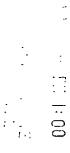
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08/19/24

## **COVER LETTER**

TO: Registration S Division of Co			
	SERVICES LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	: Amendment and fee(s) are sub	omitted for tiling	
	ondence concerning this matter	-	
	<u> </u>	g T	
	ALDO MISAEL PEREZ	VARGAS	
		Name of Person	
	R MISSA SERVICES LLO	С	
		Firm/Company	··· 3
	1305 4TH STREET		
		Address	
	ORLANDO FL 32824		£ 9
	-	City/State and Zip Code	<del></del> , <u>;</u> <u>:</u>
	globaltexto@yahoo.com  E-mail address: (	to be used for future annual report notification)	4 E
For further information of	concerning this matter, please c		
ALDO MISAEL PEREZ	Z VARGAS	407 702-8452 at ( )	
Name 6	of Person	Area Code Daytime Telephone Nu	mber
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Cert (additional copy is enclosed) Cert	00 Filing Fee, ifficate of Status & iffied Copy tional copy is enclosed)
Mailing Address Registration S Division of C	Section	Street Address: Registration Section Division of Corporations	
P.O. Box 632 Tallahassee,	27	The Centre of Tallahassee 2415 N. Monroe Street, Sui Tallahassee, FL 32303	te 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

R MISSA SERVICES LLC		
(Name of the Limited Liability Comp (A Florida Limited	nany as it now appears on our records.) Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Companion document number $\frac{L24000337628}{L24000337628}$ .	y were filed on 07/31/2024	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
R MISSA CLEANING SERVICES LLC		
he new name must be distinguishable and contain the words "Limited Liab	nility Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		ાર્
		••
Inter new mailing address, if applicable:		<u> </u>
Mailing address MAY B <u>E A POST OFFICE BOX)</u>		· : .
		, , , , , , , , , , , , , , , , , , ,
		<del> </del>
b. If amending the registered agent and/or registered office gent and/or the new registered office address here: Name of New Registered Agent:	address on our records, enter the n	ame of the new regis
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
	, Florida	
	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>	<u>Name</u>	Address	Type of Action
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			□Remove
			□Change
			□Add
			□Remove
			Change
			Add
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	_		□ Remove
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ffective date, if other than the da	ate of filing:			(optional)	
an effective date is listed, the date must be ote: If the date inserted in this block becament's effective date on the Department.	e specific and cannot be p k does not meet the ap	prior to date of til pplicable statute	ing or more than 90	days after filing.) I	Pursuant to 605,020 ill not be listed a
ecord specifies a delayed effective d is filed.	ate, but not an effective	ve time, at 12:0	t a.m. on the ear	ier of: (b) The	90th day after the
AUGUST 12TH		- <u>-</u> -			