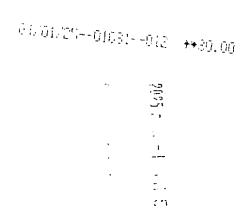
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(Requestor's Name)
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MAY 14 S. PRAINCE

COVER LETTER

TO: Registration Section Division of Corporations	eas Clear Quartz
SUBJECT:	eaning Services UC
Name of	Timited Liabil البنائة Company
The enclosed Articles of Amendment and fee(s) are	submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
<u>Chel</u>	sea Delorenzo
Chelsea's Clear W	Uay tz Name of Person
	Cleaning Services UC
4301	Plaza Dr. Apt 300
Holidu	Ly FL 34691
Ode	City State and Zip Code
E-mail addr	USE 2097 @ 9Mail. Com cost: (to be used for future animal report notification)
For further information concerning this matter, plea	se call.
Chelsea DeLoren	20 a1,727, 325-0610
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
S25.00 Filing Fee S30.00 Filing Fee & Certificate of Statu	
Mailing Address:	Street Address:
Registration Section Division of Corporations	Registration Section Division of Corporations
D O D C227	THE CO. LEWIS TO BE AND A SECOND OF THE PARTY OF THE PART

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

9095 W N - 1 (1) 5

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Chelsea's Clear Quartz Cleaning LC
(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 $\frac{8/7/24}{24000350496}$ and assigned Fiorida document number $\frac{L24000350496}{24000350496}$
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the fimited liability company here: Selenite Cleaning Services LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."
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
Florida
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

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.

accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is

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

<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
,			□Add
		- 11/2	□Change
			□Add
			□Remove
		<u></u>	
			□Remove
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			□Add
			□Remove
			- Change

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Note:	ive date, if other than the date of filing: [cetive 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 605,020. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed about's effective date on the Department of State's records.	97 (3 as th
reco	rd 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	e
	16d. AA a. cah 25 2025	e
d is fi	16d. AA a. cah 25 2025	e

Filing Fee: \$25.00