## L24000354256

(Re	equestor's Name)	
(Ac	ldress)	
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PICK-UP	MAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
Special instructions to	Filing Officer.	
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## **COVER LETTER**

	Registration Se Division of Cor				
el:pte/		CLEANING LLC			
SUBJEC	,1:	Name of Lim	nted Liability Company		
The enclo	osed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please re	turn all correspo	ondence concerning this matter	to the following:		
		PEDRO CORRALES			
			Name of Person		
		SABATE CLEANING LI	.c		
			Firm/Company		
		3330 NORTHSIDE DRI#	317		
Address					
	KEY WEST, FL 33040				
			City/State and Zip Code		
		RAYSELCORRALES22@			
			to be used for future annual report no	lification)	
For furth	er information c	oncerning this matter, please c	all:		
PEDRO	CORRALES		786 771-2252		
	Name o	f Person	at () Area Code Daytir	ne Telephone Number	
Enclosed	is a check for th	ne following amount:			
<b>■</b> \$25.0	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 Addres Registration 5		Street Address: Registration Se	ection	
	Division of C			Division of Corporations	
	P.O. Box 632		The Centre of		
	Tallahassee, l	FL 32314	2415 N. Monro	oe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED SEBATE CLEANING LLC (Name of the Limited Liability Company as it now appears on our left of 18.7 - 1 AH 3: 18 The Articles of Organization for this Limited Liability Company were filed on Florida document number 1.24000354256 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 "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

## 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.

City

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
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			□Remove
		<del> </del>	□Remove
	·	-	□Change
			□Add
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			□Change
			□Add
			⊡Remove
			FiChance

NAME CORRECT	TON OF MGR - SHOWING AS PEREZ, BELKYS S
SHOULD BE COR	RRECTED TO READ - BELKYS SANCHEZ-HERNANDEZ
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
	<del></del>
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effective date is listed, the:  If the date inserted	than the date of filing:
cord specifies a delaye s filed.	ed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
SEPTEMBER 20	2024

Filing Fee: \$25.00