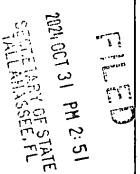
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(Re	equestor's Name)	
(Ac	ddress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
— (Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO: Registration S Division of Co		
	ANING SERVICES L.L.C	
SUBJECT:	Name of Lin	nited Liability Company
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.
Please return all corresp	ondence concerning this matter	to the following:
	ARACELY C JARQUIN	URBINA
	-	Name of Person
	NRJ CLEANING SERVIO	CES L.L.C
	Firm/Company	
	2707 41ST ST N	
		Address
	SAINT PETERSBURG F	L 33713
	carolurbina91@gmail.com	City/State and Zip Code
		to be used for future annual report notification)
For further information	concerning this matter, please c	all:
ARACELY C JARQUI	N URBINA	727 688-8945 at ()
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 & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of O P.O. Box 63 Tallahassee,	Section Corporations 27	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

NRJ CLEANING SERVICES L.L.C

(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 09/13/2024 and assigned 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 , 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 accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this \(\frac{1}{2} \) discument is being filed to merely reflect a change in the registered office address. I hereby confirm that the lonited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registe

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
MGR	ARACELLY JARQUIN URBINA	2707 41ST ST N	∃ Add
		SAINT PETERSBURG FL 33713	□Remove
			□Change
			□Add
		· · · · · · · · · · · · · · · · · · ·	□Remove
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ctive date, if ot	her than the dat	e of filing:		(or	otional)	
effective date is list	ed, the date must be s	specific and cannot b	pe prior to date of tiling	or more than 90 days at	fter filing.) Pursuant to 605 this date will not be liste	.0.
ment's effective	date on the Depart	tment of State's re	cords.	iming requirements.	ins date will not be liste	ca
ord specifies a de	clayed effective dat	e, but not an effec	ctive time, at 12:01	a.m. on the earlier of:	(b) The 90th day after	r ti
filed.						
October 28th		2024			202	
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<u>_</u>	Sign	ature of a member of	or authorized represen	tative of a member	$\frac{-\frac{1}{2}}{\omega}$	
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