L24000423060

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SEC. BANGESTATE

COVER LETTER

Divi	ision of Corp	orations			
SUBJECT:	HERMELINI	DA CLEANING SERVICES	LLC		
SOBJECT.		Name of Limi	ited Liability Company		
The section of	4 -40-1		wheat ou office		
The enclosed	Afficies 01 A	mendment and fee(s) are sub-	mitted for filling,		
Please return	all correspond	dence concerning this matter	to the following:		
		Rick Arias			
			Name of Person		
		Munroe Haas P.A CPA			
			Firm/Company		
		2813 S Hiawassee Rd. Ste.	307		
			Address		
		ORLANDO, FL 32835			
			City/State and Zip Code		
		rarias@munroecpa.com			
		E-mail address: (t	o be used for future annual report noti	fication)	
For further in	iformation cor	cerning this matter, please ca	dl:		
Rick Arias			407 291-2700 at ()		
·	Name of F	erson	Area Code Daytim	e Telephone Number	
Enclosed is a	check for the	following amount:			
■ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee Certificate of \$1a Certified Copy (additional copy is er	tus &

Mailing Address:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Taltahassee, FL 32303

ARTICLES OF AMENDMENT TOARTICLES OF ORGANIZATION **OF**

HERMELINDA CLEANING SERVICES 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 09/30/2024 _ and assigned Florida document number L24000423060 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: MAYRA H HERNANDEZ BAMACA Name of New Registered Agent: 1054 REDMAN ST, APT A New Registered Office Address: Enter Florida street address , Florida 32839
Zip Code **ORLANDO**

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 a 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 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
AMBR	Mayra H Hernandez Bamaca	1054 REDMAN ST, APT A	□Add
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