L24000432373

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COVER LETTER

TO:

	Registration Se Division of Cor			
SUBJEC	Mixed Clea	ın & Restore LLC		
NUBJEC	1; <u></u>	Name of Lin	nited Liability Company	
The encle	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please ret	urn all correspo	ondence concerning this matter	to the following:	
		Dayana Amador Eloy		
			Name of Person	
		Amador Restoration Servi	ices LLC	
			Firm/Company	
		3534 W 106th St		
			Address	
		Hialeah, Fl. 33018		
			City/State and Zip Code	
		daeloy1992@gmail.com		
			to be used for future annual report no	otification)
or furthe	er information c	oncerning this matter, please c	all:	
Dayana A	amador Eloy		945 2430774 at ()	
	Name o	f Person		me Telephone Number
Enclosed	is a check for th	ne following amount:		
■ \$25.0	0 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres Registration S		Street Address: Registration S	ection
Ī	Division of C	orporations	Division of Co	orporations
	P.O. Box 632 Fallahassee, I		The Centre of 2415 N. Monr	Tallahassee oe Street, Suite 810
,			2413 14. (410)11	or private parts of a

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mixed Clean & Restore LLC		
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our related Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Comprovide document number <u>L24000432373</u> .	pany were filed on October 08, 2	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
Amador Restoration Services LLC		
The new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "	'LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: <u>Principal office address MUST BE A STREET ADDRESS</u>	<u> </u>	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered office address here:	ice address on our records, <u>er</u>	SECRETARY OF AMERICAN SSS OF the name of the name of the new register
Name of New Registered Agent:		414
· · · · · · · · · · · · · · · · · · ·		
New Registered Office Address:	Enter Florida street aa	Idress
	Tarrier F to Head Street Ale	* ***
	City	, Florida
	City	zip Coae

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 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	Membe

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			Remove
			☐Change
	·***		□Add
		<u> </u>	□Remove
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Effective date, if other than the date of filing: 10/22/2024 (optional) (If an effective 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 605.02 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records. the record 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 cord is filed. Dated		
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Signature of a member or authorized representative of a member		Signature of a member or authorized representative of a member
Dayana Amador Eloy	[.	Dayana Amador Eloy

Filing Fee: \$25.00