L24000437244



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SECRE LARY OF STATE

COVER LETTER

Division of Corp	orations		
subject: Finis	hing Touch Clean	aning Services ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are subr	mitted for filing.	
Please return all correspond	dence concerning this matter t	to the following:	
	_ Anabel I	Name of Person	
	-	Firm/Company	
	GOS Monica	Rose Dr Address	
		City/State and Zip Code	
	E-mail address: (to	210. S Mail. Com o be used for future annual report noti	fication)
For further information cor	cerning this matter, please ca	11:	
Anabel Ia Name of F	<u>Anni Celli</u> Person	at (407) 3380 Area Code Daytim	06 50 e 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 & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

TO:

Registration Section

Mailing Address: 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 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Finishing Touch (Navoc of the Limited	Liability Compa	ervices ny as it now appears on o Liability Company)	ur records.)	
The Articles of Organization for this Limited Liab Florida document number <u>L240004.37</u>		were filed on _/O//	4/24	and assigned
This amendment is submitted to amend the follow	ing:			
A. If amending name, enter the new name of the	e limited liab	ility company here:		
Zonith Skyline Empire The new name must be distinguishable and contain the word	ILC.	lity Company," the designa	tion "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicab		40/ N. Mill Ste B PMB Orlando, Ec	4 Ave 1187 = 5 32803	2024 DEC
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>)X)</u>	P.O. BOX Apopka	411 SSE TATE	-9 PH S: -7
B. If amending the registered agent and/or reg agent and/or the new registered office address l		address on our record	ls, <u>enter the nam</u>	e of the new registered
Name of New Registered Agent:				
New Registered Office Address:	401 N.	Uils Ave Ste 1 Enter Florida str	3 PMB 118 cet address	1
	Orlan	do	, Florida	32803
		City		Zip Code

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 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

Title	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
		·	□Change
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Effectiv	ve date, if other than the date of filing: 12/13/24 (optional) ctive 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
Note: I	f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
docume	nt's effective date on the Department of State's records.
	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
rd is file	d.
	D 1 046
Dated _	L'ocember 7 - , 2024
	December 944. Signature of a member or authorized representative of a member
	and the same of th
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00