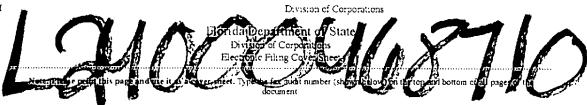
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Division of Corporations Fax Number : (850)617-6383

from:

Account Name Account Number

: PERMITTING SPECIALIST FL : [70740000084 : (739)850-9451 : (739)268-6101 Phone Fax Number

\*\*Enter the exail address for this business entity to be used for future annual report mailings. Enter only one exail address please.\*\*

Erail Address:\_

LLC AMNO/RESTATE/CORRECT OR NVMG RESIGN CATIANAS CLEANING SERVICES LLC

Certificate of Status	0
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2025 SEP 18 FILL: 34

∴ LET...EUX SEP 19 2025 Registration Section

Tallahassee, FL 32314

TO:

## **COVER LETTER**

Division of Cor	porations		
CATIANA	SO OLEANINO OEDVIOL	6116	
SUBJECT: CATIANA	AS CLEANING SERVICE	S LLC itted Liability Company	
	Name of Link	inco Liaotiny Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following.	
•	Ü	<b>U</b>	
	KRISTI LONG		
	KRISTI LUNG	Name of Person	
		7	
	PERMITTING SPEC	CIALIST	
		Firm/Company	
	1306 SE 46TH LANE	QTE 1	
	1300 SE 40TH EARL	Address	<del></del>
	CAPE CORAL, FL 3		
		City/State and Zip Code	
	horacio 1204@icloud.co		
		to be used for future annual report n	ouncation)
For further information c	oncerning this matter, please e	all.	
KRISTI LONG		at ( 239 ) 850-945	i <b>1</b>
Name of	f Person	at (200 ) 000 040	ame Telephone Number
		,	
Enclosed is a check for th	e following amount.		
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy	☐ \$60.00 Filing Fee, Certificate of Status &
	Certificate of Status	(additional copy is enclosed)	Certified Copy
			(additional copy is enclosed)
<u>Mailing Addres</u> Registration S		<u>Street Address:</u> Registration S	Section
Division of C		Division of C	
P.O. Box 632		The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

CATIANAS CLEANING SE (Name of the Limit	– . – .	any as it now appears ( Liability Company)	on our records.)	
The Articles of Organization for this Limited L Florida document number L24000468710	iability Company	were filed on 11/0	5/2024	and assigned
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of	the limited liab	oility company here	;	
The new name must be distinguishable and contain the w	ords "Limited Liabi	hty Company," the desi	gnation "LLC" or the abbi	eviation "L.L.C."
Enter new principal offices address, if applic	able:	303 NW 38TH	PLACE	
(Principal office address MUST BE A STREET ADDRESS)		CAPE CORAL, FL 33993		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)	303 NW 38TH		
B. If amending the registered agent and/or ragent and/or the new registered office addres		address on our reco	ords, <u>enter the name</u>	of the new registered
Name of New Registered Agent:				20
New Registered Office Address:	303 NW 38T	H PLACE		35 SE
<del>-</del>			street address	
	CAPE COR		Florida <u>339</u>	93
		Cıù.		Zip Code .
New Registered Agent's Signature, if changing F	<u>legistered Agent:</u>			**

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to Emply 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 Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	HORACIO MENDEZ	413 NW THIRD LN	🗆 Add
		CAPE CORAL, FL 33993	<b>⊘</b> Remove
			□ Change
MGR	MGR FABIANA D RUIZ	303 NW 38TH PLACE	<b>⊘</b> Add
	CAPE CORAL, FL 33993	□Remove	
			□ Change
			□Remove
			Change
			🖸 Add
		Remove	
		□Change	
		□Remove	
			Change
			□Add
			□Remove
			□ Change

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D. If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
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(If an effe Note:	ce date, if other than the date of filing:
f the record ecord is file	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 d.
Dated _	SEPTEMBER 18 2025
	Signature of a member or authorized representative of a member
	·
	FABIANA D RUIZ  Typed or printed name of signee

Filing Fee: \$25.00