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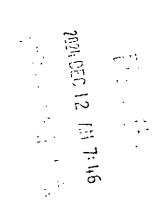
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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## **COVER LETTER**

P.O. Box 6327

Tallahassee, FL 32314

TO: Registration Section Division of Corporations	·
SUBJECT Good Ole Boy's P62 Name of Limited Lie	Sure Cleaning & More La
The enclosed Articles of Amendment and fee(s) are submitted	for filing.
Please return all correspondence concerning this matter to the	following:
olan necen	Name of Person
	Firm/Company
1236 SE	Nancy Lane
·	/State and Zip Code
712 Cal Co E-mail address: (to be us	sed for future and report notification)
For further information concerning this matter, please call:	
Glan Marcoan Name of Person	at (77) 359-4878  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:  \$\sigma \text{S25.00 Filing Fee}  \text{S30.00 Filing Fee &  \text{Certificate of Status}  \text{Certificate}\$	\$55.00 Filing Fee &  Certified Copy   \$60.00 Filing Fee, Certificate of Status &
	(additional copy is enclosed)  Certified Copy (additional copy is enclosed)
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hessure Cleaning & World (LC iability Company as it now appears on our records.)

Torida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 11-18-2024 and assigned Florida document number 124000 486577 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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 City

## 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
$\Delta MRR =$	Authorized Member

<u>Title</u>	Name	Address	Type of Action
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ed	November 29. 2024.  Clanucan  Signature of a member or authorized representative of a member

Filing Fee: \$25.00