LZ5000007990

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
K. HESTER 1/8/25

Office Use Only



900440547419

01/08/25--01010--012 **25.00

2025 JAN -8 PH 1:4 STALLANDANCES, FL

1925 JAN -8 PM 1:

表出の国で回り

COVER LETTER

Division of Cor	porations		
SUBJECT: Re 1,0	DE Property Name of Limi	CTC19ETYETH, RESEACH ted Liability Company	Lian Cincl Maintaine Solution
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Antonio	Name of Person	
		Firm/Company	-
	1228 Mcc	askill Ave	
	TAILAHAS	$\frac{S(FE,FL)}{\text{City/State and Zip Code}}$	310
	E-mail address: (i	o be used for future annual report notificati	ion)
For further information c	oncerning this matter, please ca	iH:	
		art)	0 2
Name o	f Person	at () Area Code Daytime Tel	1 1 mm 1
Enclosed is a check for the	he following amount:		5. co 5.
□ \$25.00 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 Boatus & Certified Copy — Cadditional convision to set lose #

Registration Section

TO:

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

	01	•		っしてけい わり	7) L. JA (
RELIABLE DRO	PERTY I Liability Compan Florida Limited Li	y as it now appears on cability Company)	our records.)	SUIUTIO.	MAGEN AGEN
			1 1	_	
The Articles of Organization for this Limited Lial Florida document number $\angle 25000$ o	oility Company v	vere filed on/ _/	17/20	and assig	gned
This amendment is submitted to amend the follow	zing:			A.N.	Dagara C
A. If amending name, enter the new name of t	he <u>limited</u> liabil	ity company here:		المام الم	2 (C ()
This amendment is submitted to amend the follows. A. If amending name, enter the new name of the property of the new name must be distinguishable and contain the work. Enter new principal offices address, if applicate the principal office address MUST BE A STREET.	ANAG & ds "Limited Liabili"	2 MONT, Ras	To RATI	e abbreviation "L.L	ic."
		1000	113 /1/ ($\gamma \chi^{-1} A = A$	-Mz;
Enter new principal offices address, if applicat	ile:	1220 1	MC CU)	<u> </u>	<u> </u>
Principal office address MUST BE A STREET	<u>ADDRESS)</u>	TAIL	-LC-		
		<u> </u>	10		
		,			
F-4					
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE B	<u>2X)</u>				
			Ġ	<i>\$</i>) ⇔ ≅	
B. If amending the registered agent and/or reg	istered office a	dress on our record	ls, enter the n	ame of the new	registered
agent and/or the new registered office address				15 th	7
		•			
Name of New Registered Agent:	AnTon	nio G	idde.	ms =	
New Registered Office Address:	1228	11 c ca St	< 1 / 1 / F	William Car	
		Enter Florida sti	eet address	計算 5	
	<u> 7A11</u>	<u> </u>	, Florida	<u> 2325/</u>	\bigcirc
	•	City		rokin Colle	

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

<u>Title</u>	Name		Type of Action
AMBA	ANTONIO Gidden	5 1228 MCCOSKILL HVR TAIL, FLQ. 32310	; □Add
			_ 🗆 Remove
			_ □Change
			_ □Add
			_ □Remove
			_ Change
			_ 🗆 Add
		6 50 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	The Remove T
		A CONTRACTOR OF THE CONTRACTOR	Remove Thange
		्रिकेटी नार्ष्	Refjove
			_ Change
			_ 🖸 Add
			_ □Remove
			_ 🗆 Change
			_ □Add
			_ □Remove
			□ Chanca

e 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	If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
Effective date, if other than the date of filing:		
Effective date, if other than the date of filing:		
Effective date, if other than the date of filing:		
Effective date, if other than the date of filing:		
Effective date, if other than the date of filing:		
Effective date, if other than the date of filing:		
Effective date, if other than the date of filing:		
Effective date, if other than the date of filing:		
Effective date, if other than the date of filing:		
Effective date, if other than the date of filing:		
Effective date, if other than the date of filing:		
Effective date, if other than the date of filing:		
Effective date, if other than the date of filing:		
Effective date, if other than the date of filing:		
Effective date, if other than the date of filing:		en ====================================
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 605:0207 (3 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date; will not be listed as the document's effective date on the Department of State's records. e 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 red is filed.	Effective date, if other than the date of filing:	agiren ala PTT
rd is filed.	If an effective date is listed, the date pass he specific and cannot be prior to date of filling or more than 00 days after filling.) Differences 605:0	าวกว้าวิ
Dated / 8/2025 Content of a member of a uthorized representative of a member A 0 T 0 0 10 G G C C S	rd is filed.	the
Signature of a-member or authorized representative of a member AD TODIO GICI & COS	Dated $\frac{1/8/2025}{}$.	
ANTONIO Giddens	CONTONES DUCKES Signature of a member or authorized representative of a member	
7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	ANTONIO Giddens	

Filing Fee: \$25.00