age:



Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H220003233913)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : ACCOUNT BOOKKEEPING CORP

Account Number : I20120000055 Phone : (407)898-1757

Fax Number : (407)897-5336

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN WELL DONE CLEANING ORLANDO CORP

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

JOEFINS

FROM: 4078975336 09/19/2022 07:11 AM TO:18506176383 age:

COVER LETTER

	gistration Se ision of Cor			
SUBJECT:		NE CLEANING ORLANDO (CORP	
SODJECT.		Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub		
Please return	all correspo	ndence concerning this matter	to the following:	
		LETICIA SANTOS		
			Name of Person	
		ACCOUNT BOOKKEEPI	NG CORP	
			Firm/Company	
		5301 CONROY ROAD SU	SITE 140	
			Address	
		ORLANDO FL 32811		
			City/State and Zip Code	
		INFO@ABKCORP.COM	to be used for future annual report no	tilication)
For further in	ntormation co	oncerning this matter, please ca	·	•
LETICIA SA	ANTOS		407 898-1757	
	Name of	Person	at () Area Code Dayti	me Feiephone Number
Enclosed is a	check for th	e following amount:		
■ \$25.00 F	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Malling 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

09/19/2022 <u>07:11</u> AM

age:

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

(Name of the Lin	nited Liability Company as it now as (A Florida Limited Liability Compa	nears on our records.)	
The Articles of Organization for this Limited Florida document number P16000056278	Liability Company were filed or	n 06/30/2016	and assigned
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited liability compan	ı <u>y here</u> :	
The new name must be distinguishable and contain the	words "Limited Liability Company,"	the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if appl	iicable:	<u>,</u>	
(Principal office address MUST BE A STRE	ET ADDRESS)		<u>, , , , , , , , , , , , , , , , , , , </u>
•			
Mailing address MAY BE A POST OFFICE			
Malling address MAY BE A POST OFFICE	registered office address on or	ir records, enter the na	ime of the new regist
Malling address MAY BE A POST OFFICE	registered office address on or	ur records, enter the na	ime of the new regist
Malling address MAY BE A POST OFFICE B. If amending the registered agent and/or agent and/or the new registered office address Name of New Registered Agent:	registered office address on or ess here: CARLOS ALBERTO RIOS 10808 SAVANNAH WOOD	DR	ime of the new regist
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B. If amending the registered agent and/or agent and/or the new registered office address: Name of New Registered Agent: New Registered Office Address:	registered office address on or ess here: CARLOS ALBERTO RIOS 10808 SAVANNAH WOOD		

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 Register of Agent, Signature of New Registered Agent

age: 5 09/19/2022 07:11 AM TO:18506176383 FROM:4078975336

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
VP	Wivian Cazorla	10808 SAVANNAH WOOD DRIVE	□Add
		ORLANDO, FL 32832	≅Remove
			Change
VP CARLOS ALBERTO RIOS	10808 SAVANNAH WOOD DR	≣ ∧dd	
		ORLANDO, FL 32832	□Remove
			[Change
			□Add
			□Remove
		Change	
			□Add
			□Remove
			□Change
<u>-</u>			🖸 Add
			[]Remove
			Change
			🗆 Add
		[]Remove	
			□Change

<i>-</i> ,		•
•		
(If an of	(optional) fective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a neat's effective date on the Department of State's records.	07 (3)(as the
he recor	d 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	c
	09/16 2022	
Dated		
	Signature of a meinter of authorized representative of a member	