## LZ1000269816

(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
, , ,					
(Declined Monte)					
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SECRETARY OF STATE

2021 DEC -6 AM 9: 25

## **COVER LETTER**

	on Section f Corporations	
SUBJECT: L	MBLE SERVANT CLEANTING SERVICE L.L.C Name of Limited Liability Company	<u>.</u>
The enclosed Ar	es of Amendment and fee(s) are submitted for filing.	
Please return all	respondence concerning this matter to the following:	
	Arithony /Erkins Name of Person	
	HUMBLE SERVANT CLEANING SERVIC	EL,L.C.
	2306 Longsfour Ave.  Address	
	City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	
For further infor	tion concerning this matter, please call:	
Anth	at (904) 438-1240  Area Code Daytime Telephone Number	
Enclosed is a che	for the following amount:	
□ \$25.00 Filin	Certificate of Status Certified Copy Certificate (additional copy is enclosed) Certified	e of Status &
-	ion Section Registration Section of Corporations Division of Corporations	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2021 DEC -6 AM 9: 25

HUMBLE SERVANT CLEANING SERVICES LISECRETARY OF STATE
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	ware filed on 1/10	O(11) A(1) A(1) and assigned
Florida document number $\angle 21000269816$ .	were filed on	and assigned
Florida document number <u>Latituda et 1810</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	CIAL CLE	ANING L.L.C.
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	8306 1	110, FL. 3.2.2.19
(Principal office address MUST BE A STREET ADDRESS)	TACKSUNY	11ê, FL. 3.2219
Enter your mailing address if applicables	7306 1	Mac due
Enter new mailing address, if applicable:	12.46.	VILLE FL. 32219
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	VIIIC 7 L. JOZALI
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records	, enter the name of the new registered
Name of New Registered Agent:	<i>'</i>	
New Provinces LOG-1		
New Registered Office Address:  ////	Enter Florida stree	et address
		Florida
	City	Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre	e to act in this capaci	tv. I further agree to comply with the
and the second s		The state of the secondary with the

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 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MA	N/A		
		<del></del>	□Remove
			□ Change
			□ Add
			Remove
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			Change
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