

L22000342759

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

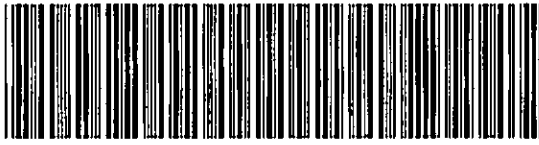
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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UNIVERSAL POSTNET MAIL

22 AUG 29 PM 4:09  
FEDERAL BUREAU OF INVESTIGATION  
DEPARTMENT OF JUSTICE

# COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SOUTH MOST CLEANING SERVICES LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ALEJANDRA HERNANDEZ

\_\_\_\_\_  
Name of Person

MGR

\_\_\_\_\_  
Firm/Company

3239 JUSTINA RD APART 28

\_\_\_\_\_  
Address

JACKSONVILLE FL 32277

\_\_\_\_\_  
City/State and Zip Code

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALEJANDRA HERNANDEZ

956

3565594

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee

\$30.00 Filing Fee &  
Certificate of Status

\$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

\$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**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

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REGISTRATION SECTION  
DIVISION OF CORPORATIONS

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

SOUTH MOST CLEANING SERVICES LLC

(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 were filed on FLORIDA and assigned Florida document number L22000342759.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

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 applicable:**

3239 JUSTINA RD APART 28

**(Principal office address MUST BE A STREET ADDRESS)**

JACKSONVILLE FL 32277

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

DIVISION OF CORPORATE FILINGS  
22 AUG 29 PM 4:09

**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:**

ALEJANDRA HERNANDEZ

**New Registered Office Address:**

3239 JUSTINA RD APART 28

*Enter Florida street address*

JACKSONVILLE

Florida 32277

*City*

*Zip Code*

**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

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ALEJANDRA HERNANDEZ	3239 JUSTINA RD APART 28	<input type="checkbox"/> Add
		JACKSONVILLE FL 32277	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

22 AUG 20 10 PM  
REGISTRATION DIVISION  
STATE OF FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Only change the zip code in mailing and agent address from 32216 to 32277

Multiple horizontal lines for amending information.

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DEPARTMENT OF STATE  
DIVISION OF CORPORATION

E. Effective date, if other than the date of filing: 08/24/2022 (optional)

(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 to 605.0207 (3)(b)

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.

If the 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 record is filed.

Dated 8.25.22

Alejandra Hernandez  
Signature of a member or authorized representative of a member

Alejandra Hernandez  
Typed or printed name of signee