

L15000026376

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** LB Cleaning Services of Cantonment, 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:

Alisa Sanders  
Name of Person

L. B. Cleaning Services of Cantonment, LLC  
Firm/Company

421 Williams Ditch Rd  
Address

Cantonment FL 32533  
City/State and Zip Code

aglittlebit@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alisa Sanders at (850) 232-0773  
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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

LB Cleaning Services of Cantonment, 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 Feb. 11, 2015 and assigned Florida document number Feb. 11, 2015 L15000026376

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:**

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

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

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

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**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:

Alisa Sanders

New Registered Office Address:

421 Williams Ditch Rd

Enter Florida street address

Cantonment

City

Florida

32533

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.*

Alisa Sanders

**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	Alisa Goodale	421 Williams Ditch Rd	<input type="checkbox"/> Add
		Cantonment FL 32533	<input type="checkbox"/> Remove
		Sanders, Alisa	<input checked="" type="checkbox"/> Change
MGR	Brown, Joshua	850 N. Hwy 29 #16	<input type="checkbox"/> Add
		Cantonment FL 32533	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Grissom Roy	8504 Nantucket Dr	<input checked="" type="checkbox"/> Add
		Pensacola FL 32514	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Beasley Jr., Edward	6881 Kapok Dr.	<input checked="" type="checkbox"/> Add
		Milton FL 32583	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Eddins, Charles	1903 Smyers rd	<input checked="" type="checkbox"/> Add
		Cantonment FL 32533	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Multiple horizontal lines for amending information.

**E. Effective date, if other than the date of filing: \_\_\_\_\_ (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 \_\_\_\_\_, \_\_\_\_\_.

*Alisa Sanders*

Signature of a member or authorized representative of a member

*Alisa Sanders*

Typed or printed name of signee

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