## 119000207627

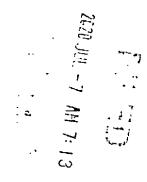
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AUG 1 9 2020 S. YOU'NG

## **COVER LETTER**

**Registration Section** 

TO:

Division of Cor	porations		
	EANING AND REMODELIN	G LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing	
Please return all correspo	ondence concerning this matter	to the following:	
	BARBARA FERNANDEZ	2	
		Name of Person	<del></del>
	TAX & TRUCK ZONE L	LC	
		Fimi/Company	
	2 W MONUMENT AVE,	SUITE 203	
		Address	<u></u>
	KISSIMMEE, FL 34741		
		City/State and Zip Code	<del></del>
	TTZS.CS@GMAIL.COM	Chyrotace and Dip Code	
	E-mail address: (	to be used for future annual report not	iffication)
For further information c	oncerning this matter, please c	all:	
BARBARA FERNAND	EZ	407 201-3971	
Name o	of Person	at () Area Code Daytin	ne Telephone Number
		•	•
Enclosed is a check for the	he 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		Street Address: Registration So	ection
Division of C		Division of Co	rporations
P.O. Box 632		The Centre of	Tallahassee oe Street, Suite 810
Tallahassee,	rl 32314	2410 IV. IVIOTIR	Je Sheet, Suite o to

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

W.C.V. CLEANING AND REMODELING L		
(Name of the Limited Liability (A Florida I	Company as it now appears on our record Limited Liability Company)	<u>is.</u> )
The Articles of Organization for this Limited Liability Co Florida document number L19000207627	ompany were filed on 08/14/2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
his amendment is submitted to amend the following:  If amending name, enter the new name of the limited liability company here:  V.C.V. CLEANING, LLC  the new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."  Inter new principal offices address, if applicable:  Principal office address MUST BE A STREET ADDRESS)  Inter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office address on our records, enter the name of the new registered gent and/or the new registered office address here:		
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>	.=
(Principal office address MUST BE A STREET ADDRE	<u></u>	
Fater new mailing address, if applicable:		
(Maning dadress MAT BE AT 1031 OF TICE BOA)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres	
	e.nier r ioriau sireel aaares	53
	, Fl	orida

## 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>	Type of Action
OWNER	WENDY L CUBILLAN	2549 PHIPPS AVE	
		ORLANDO, FL 32818	=Remove
			Change
	<u></u>		
			☐ Change
	<del></del>		□Add
			Remove
			Change
			□Add
		<del></del>	Remove
			□Change
	<del></del>		□Add
		<del></del>	□Remove
			Change
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			Remove
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Effective date, if other than the	date of filing:		(optional)	
an effective date is listed, the date mus	it be specific and cannot be prior ock does not meet the applic	to date of filing or more than able statutory filing requir	90 days after filing.) Pursuant to Gements, this date will not be I	605.0207 ( isted as t
locument's effective date on the D				
	e date, but not an effective ti	ime, at 12:01 a.m. on the c	arlier of: (b) The 90th day a	fter the
	e date, but not an effective to			
d is filed.				
d is filed.				
d is filed.		_·		
e record specifies a delayed effective of is filed.  Dated   Wersley		orized representative of a me	mber	

Filing Fee: \$25.00