

3/9/2021

Division of Corporations

L2100009535534

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : HUBCO  
Account Number : 104662003400  
Phone : (516)935-3940  
Fax Number : (516)935-3088

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

LAKENYACOLSON@GMAIL.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
COLSON & KNIGHT CLEANING SERVICES LLC

Certificate of Status	1
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Page Count	04
Estimated Charge	\$30.00

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H21000095355

COLSON & KNIGHT 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 DECEMBER 28, 2020 and assigned Florida document number L21000004834

This amendment is submitted to amend the following:

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

COLSONS & KNIGHT CLEANING SERVICES LLC

The new name must be distinguishable and end with 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)

Vertical stamp: 2021 MAR -9 PM 12:54 and horizontal lines for address entry.

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter Florida street address

Florida

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

H21000095355

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Remove

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 STATE OF TEXAS  
 COMPTROLLER OF PUBLIC ACCOUNTS  
 L...ED

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

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

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated MARCH 9 , 2021

Signature of a member or authorized representative of a member

LAKENYA KNIGHT COLSON

Typed or printed name of signee

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 DEPT OF STATE  
 TALLAHASSEE, FL 32399