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2019 HAR 13 PM 2: 42

C. GOLDEN HAR 2 3 2019

COVER LETTER

Division of Co	rporations		
SUBJECT: CM	MR ST Clean	aning Solution and Liability Company	ens LLC
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	<u>Carbs</u>	Name of Person	
	CMKRight	Cleaning Soluti	ions LCC
	4209 Kez	ar Court Address	
	Belle Isl	e Florida 32 City/State and Zip Code	2812
	_C.Mn_servi	to be used for future annual report notif	leation)
For further information c	oncerning this matter, please ca	all;	
Carbs m	1 Dunes	at (321) 231	9067
Name o	f Person	Area Code Daytime	: Telephone Number
Enclosed is a check for th	ne 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:

TO:

Registration Section

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

2019 MAR 13 PH 2.42 ARTICLES OF ORGANIZATION The Articles of Organization for this Limited Liability Company were filed on 1 Florida document number (This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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)

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

City

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:

<u>Title</u>	<u>Name</u>	Address	Type of Action
			
			□ Remove
			
			Remove
			☐ Change
			□ Remove
			Change
			Remove
			Change
			Add
			□ Remove
			☐ Change
			Remove

_ Change

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(If an effecti Note: If t	date, if other than the date of filing:
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: otherwise of the control of
Dated	3/1/2019
	Signature of a member or authorized representative of a member
	Carlos Manuel Dunes Typed or printed name of signee

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Filing Fee: \$25.00