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# **COVER LETTER**

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TO: Registration Section Division of Corporations
SUBJECT: 5'S Sanitoral Service L.L.C  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:
JEFF Williams JR. Name of Person
Same Firm/Company
4440 Lost Pine Dr.
Tallahassel Fl 32305  City/State and Zip Code  Deff Williams 8102 Com Cast. Net  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Seff Williams JR- at (850) 320-456/ Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, 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

	service L.L.C.	
(Name of the Limited Liability Company (A Florida Limited Lia	ry as it now appears on our records.) tability Company)	
The Articles of Organization for this Limited Liability Company w Florida document number <u>LOB OOO 84 58</u> 7	were filed on <u>8 /28 /06</u> an	d assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability  Service  The new name must be distinguishable and contain the words "Limited Liability"		on "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	Same	
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 here:		ame of the nev
Name of New Registered Agent:	Same	
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City Z <sub>I</sub> p	Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as prebeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	performance of my duties, and I am familia rovided for in Chapter 605, F.S. Or, if this	r with and document is

If Changing Registered Agent, Signature of New Registered Agen
Page 1 of 3

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 = A	Authorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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an effective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 9  ote: If the date inserted in this block does not meet the applicable statutory filing require occurrent's effective date on the Department of State's records.	ements, this date will not be listed as
e record specifies a delayed effective date, but not an effective time, at The 90th day after the record is filed.	
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ated 1-21-16  MWM  Signature of a member or authorized representative of a mem  5-4 W;//, a m > 5  Typed or printed name of signee	
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Page 3 of 3 Filing Fee: \$25.00	