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S. WARREN
JUL 0 3 2017

## **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT: <u>CAL</u>	ONFLL CLE	ANING LLC	and the design
	Name of Lim	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	LICHARD	CAL DW ELL Name of Person	
	CALOU	VELL CLEANING Firm/Company	S LLC
	4022 CA	NOIE OR E	
		V	
	BRADEWTO	City/State and Zip Code	3
	RK CALDWEL E-mail address: (	City/State and Zip Code  (L 8 o 6 MALL. Control to be used for future annual report notions)	fication)
For further information	concerning this matter, please c	all:	
Lishay Co	Dellwell of Person	at ( <u>941</u> ) <u>323 —</u> Area Code Daytime	2 932 c 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

(Nome of the Limited Link	EMIN COMMO			
(Name of the Limited Liab) (A Flori	da Limited Lia	bility Company)	s our records.)	
The Articles of Organization for this Limited Liability	Company w	ere filed on <i>Ma</i>	uch 8, 2007 and assig	ned
Florida document number <u>L 0 70000 25 8</u>	98.			
This amendment is submitted to amend the following:				•
A. If amending name, enter the new name of the lin	nited liabili	ty company here:		
MA				
The new name must be distinguishable and contain the words "Li	mited Liability	Company," the desig	nation "LLC" or the abbreviation "L.L.C	J."
Enter new principal offices address, if applicable:		MA		<del></del>
(Principal office address MUST BE A STREET ADD	RESS)			
Enter new mailing address, if applicable:		NA		
(Mailing address MAY BE A POST OFFICE BOX)		N/N		<del></del>
Maning undress milit be ATOST OFFICE BOX				
B. If amending the registered agent and/or registered agent and/or the new registered office additional engineering and and agent and/or the new registered office additional engineering agent.		ce address on ou	r records, enter the name of	ine new
New Registered Office Address:	NA			
		Enter Florida s	treet address	
		Citv	, Florida	
New Registered Agent's Signature, if changing Registere	ed Agent:	City	Zip Code	
hereby accept the appointment as registered agent provisions of all statutes relative to the proper and o accept the obligations of my position as registered a being filed to merely reflect a change in the register company has been notified in writing of this change.	complete pe agent as pro red office ac	erformance of my ovided for in Chap ldress, I hereby co	duties, and I am familiar with a pter 605, F.S. Or, if this decume onfirm that the limited liability	and 🦸
		_ ,	⇒ H O	

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>	Address	Type of Action
AMBR	MARC CALOWELL	418 EXCHANGE PL	Add
		418 EXCHANGE PL LONG BRANCH, N.J. 07740	Remove
			Change
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n effective date is	f other than the date s listed, the date must be s	specific and cannot	be prior to date of fi	ling or more than 90			
	inserted in this block of the date on the Depart			ory filing requiren	nents, this date v	vill not be	listed
	•						
	cifies a delayed eff y after the record		out not an effe	ctive time, at	12:01 a.m. c	in the ea	rlier
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	Sign	ature of a member	or authorized repres	sentative of a memb	er S	<u></u> 80	ILED
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