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O9 JUN-4 AM 10: 08
SECRETARY OF STATE
TALLAHASSEE, FLORID.

D. BRUCE

JUN 0 5 2009

EXAMINER

COVER LETTER

Division of Co		• • •			
subject: <u>365</u>	Cleaning Servic	ted Liability Company)			
The enclosed Articles of	f Amendment and fee(s) are subr	mitted for filing.			
Please return all corresp	ondence concerning this matter t	to the following:			
	<u>Kimica</u> C	Htar (Name of Person)			
	365 Cleanin	Htar (Name of Person) ng Service, LLC (Firm/Company)			
	3798 NW 4	(Address)			
	LAUDERDALE	CAKES FL 33309 (City/State and Zip Code)		09 JUN SECRET TALLAHA	<u>. Jal</u>
For further information	concerning this matter, please ca	ıll:		-4 A ARY O SSEE	
Kimi ca (Name	Ottar e of Person)	at (<u>954) 224 - 667</u> (Area Code & Daytime	2 Telephone Numbe	SECRETARY OF STATE TALLAHASSEE. FLOREDA	D
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)	Certified	te of Status &	

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 8, 2009

KIMICA OTTAR 3798 NW 42ND STREET FT LAUDERDALE, FL 33309

SUBJECT: 365 CLEANING SERVICE, LLC

Ref. Number: L08000082163

FILED

09 JUN -4 AM 10: 08

SECRETARY OF STATE STATES

We have received your document for 365 CLEANING SERVICE, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 709A00011898

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ervice, LLC	
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on outed Liability Company)	ır records.)
The Articles of Organization for this Limited Liability Comp	pany were filed on 827	o8 and assigned
Florida document number LD 80000 82163	` '	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	·
The new name must be distinguishable and end with the words "L.L.C."	Limited Liability Company," the	e designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		TAL O
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	CRECAR
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		ARY OF STATE SEE. FLORIDA
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		cords, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	(Enter Flo	orida 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 608, 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 Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Man MGRM = M	ager anaging Member	,	
<u>Title</u>	Name	Address	Type of Action
MGRM	Vincynette Ottar	3798 NW 42 ST Landerdale Lakes, FL 33309	Add Remove
MGRM	Aaron Ottar	3798 NW 42 ST Lauderdale Lakes, FL 33309	Add Remove
MGRM	Kimica Ottar	3798 NW 425T Landerdale Lakes, FL 3330°	Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ing any other information, enter chang	e(s) here: (Attach additional sheets, if necessary	09 Ju
		ASSEE, FLORIDA	TAN OF DE
Dated5	Kimica Ottar	or authorized representative of a member Vincynette Ottar	,
	Typed Typed	or printed name of signes	 .

Page 2 of 2

Filing Fee: \$25.00