L08000097323

(Re	equestor's Name)		
		•	
(Ac	ddress)		
(Ac	ldress)		
(,		
(Ci	ty/State/Zip/Phone	#)	
PICK-UP	☐ WAIT	MAIL	-
			!
(Bu	usiness Entity Nam	ie) ,	
(Do	ocument Number)		1
(50	source realisely	:	;
Certified Copies	Certificates	of Status	<u> </u>
		•	
Special Instructions to	Filing Officer:		,

Office Use Only



800159330498

08/24/09--01044--009 **25.00

O9 AUG 24 AM 10: 30
SECRETARY OF STATE
AN I AHASSEE FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: A to Z Janitorial Services, LLC 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:
GARDENIA ARAUJO Name of Person
A to Z Jantorial Services, LLC Firm/Company
7601 E. TREASURE DRIVE, SUITE#1806
North Bay Village, FL 33141 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Gardenia Oranjo at (305) 764-6090 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \times \text{S55.00 Filing Fee & Gertificate of Status} \text{ S55.00 Filing Fee & Gertificate of Status & Certified Copy (additional copy is enclosed)} \text{ \$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

FILED

09 AUG 21 AM IS ST

AtoZ Janito	rial Services LLE SECRETARY OF THE
(Name of the Limited Liabili (A Florida	ty Company as it now appears on our records) LAHASSEE FLORIDA
The Articles of Organization for this Limited Liability Florida document number \(\bigcup \frac{10800097}{200097} \)	Company were filed on 10/15/08 and assigned 13.23
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	mited liability company here:
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADD	DRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
Printing touries will DE 11 Oct O2 100 DOLY	
B. If amending the registered agent and/or registered agent and/or the new registered office ad	istered office address on our records, <u>enter the name of the new</u> dress here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zin 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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = M	lanaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>MGRM</u>	Fabiane ARAUJO	7601 E. TREUSURE DR. # 1806 N. Bay Village, Fl 33141	Add Remove
MGR	Cleide Faria	290 Canyon Drive Daly City 1CA 94014	Add Remove
			Add Remove
***************************************			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter change Please Remove GR. Howk you		and
Dated AU	1 / Jaul	or authorized representative of a member	AUG 24 AM IO: 30 RETARY OF STATE AHABSEE FLORING
	Typed	Page 2 of 2	

Filing Fee: \$25.00