

# 69000003984

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : USA TAX CORPORATION  
Account Number : I20060000112  
Phone : (954) 788-1818  
Fax Number : (954) 788-6765

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**

**PRISMA CLEANING SERVICES, LLC.**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 03      |
| Estimated Charge      | \$25.00 |

**T. CLINE**

JAN 20 2009

**EXAMINET**

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**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: PRISMA CLEANING 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:

MARCO REIS

(Name of Person)

USA TAX CORP.

(Firm/Company)

591 E. SAMPLE RD.,

(Address)

POMPAÑO BEACH, FL 33064

(City/State and Zip Code)

For further information concerning this matter, please call:

MARCO REIS

(Name of Person)

at (9 5 4) 7 8 8 - 1 8 1 8

(Area Code & Daytime 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

2009 JAN 16 AM 8:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**PRISMA CLEANING SERVICES, LLC.**

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 01/13/2009 and assigned  
Florida document number L09000003984.

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 "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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)

\_\_\_\_\_, 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 = Manager

MGRM = Managing Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u>   |
|--------------|-------------|----------------|---|
| _____        | _____       | _____          | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove |
| _____        | _____       | _____          | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove |
| _____        | _____       | _____          | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove |
| _____        | _____       | _____          | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove |
| _____        | _____       | _____          | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove |
| _____        | _____       | _____          | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

PLEASE CORRECT THE LAST NAME OF MANAGER: SELMO M. FRATES TO:

PRATES

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2009 JAN 16 AM 8:14

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Dated JANUARY 16, 2009.

*Luciana S. de Faria*  
Signature of a member or authorized representative of a member

LUCIANA S. DE FARIA  
Typed or printed name of signee