## L09000088129

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ZOIL DEC 29 PM 1: 1: 1: AHASSEE FLORIO

C. LEWIS
JAN 3 2012
EXAMINER

## **COVER LETTER**

10.	Division of Corp		
#2	, , Nilda	& Carlos Cleaning, LLC.	
SUBJEC	CT: NIIGA	Name of Limited Liability Company	
	•		
The encl	losed Articles of A	Amendment and fee(s) are submitted for filing.	
Please re	eturn all correspor	ndence concerning this matter to the following:	
		Nilđa Vasquez	
		Name of Person	
		Nilda & Carlos Cleaning, LLC	
		Firm/Company	
		1651 NE 150 Street	
		Address	
		Miami, FL 33181	
		City/State and Zip Code	
		espana822000@yahoo.com E-mail address: (to be used for future annual report notification)	
For furth	ner information co	oncerning this matter, please call:	
Moh	nant at (954) 748-8113		
	Name of	Person Area Code & Daytime Telephone Number	
Enclosed	is a check for the	e following amount:	
<b>₹</b> ¥\$25.0	00 Filing Fee	\$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)	ed)

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

2011 DEC 29 PM 1:01
FALLATIARY OF STATE
COORDS. HASSEE, FLORESE

		FASCURE TAKE				
Nilda & Carlos Clea	ning, LLC	MILLAGIMEYAN				
(Name of the Limited Liability Compan (A Florida Limited Li	<u>y as it now appears on o</u> ability Company)	ur records.) MOSEE, FLORIE				
<b>,</b>		ONLA				
The Articles of Organization for this Limited Liability Company v	were filed on <u>Septe</u>	mber 11, 20 mgd assigned				
Florida document numbe 109000088129 .						
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liabil	ity company here:					
Nilda & Carlos Elite Services,	LLC					
The new name must be distinguishable and end with the words "Limite" L.L.C."	ed Liability Company," th	e designation "LLC" or the abbreviation				
Enter new principal offices address, if applicable:	Not Applic	able				
(Principal office address MUST BE A STREET ADDRESS)						
VI	Not Applia	ablo				
Enter new mailing address, if applicable:	Not Applic	able				
(Mailing address MAY BE A POST OFFICE BOX)						
B. If amending the registered agent and/or registered offi		cords, enter the name of the new				
registered agent and/or the new registered office address here	:					
Name of New Registered Agent:	Not Applcable					
No or Pro- Second Office Addition						
New Registered Office Address:	Registered Office Address:  Enter Florida street address					
	Linei I wind Si cei dadi ess					
	- Ct	, Florida Zip Code				
	City	zip Coae				

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

12 6

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 = M MGRM =	lanager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
	- Makes the section of the section o	Not Applicable	Add Remove
			Add Remove
<del></del>			Add Remove
			Add Remove
<del></del>			Add Remove
			Add Remove
D. If amer	nding any other information, enter cha	nge(s) here: (Attach additional sheets, if necessary.)	
 		ALLAHASSEE	
Dated	December 19, , 20	011	SA
	x Milda Valguez	// Milda Kwera Vaso	ner _
		ber or authorized representative of a member	7_0_
	Rivera Vasque Typ	ez Nilda ed or printed name of signee	<del>nt e a seus a d'Al-la</del>

Page 2 of 2

Filing Fee: \$25.00