

L09000111838

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100172970931

03/26/10--01008--011 **25.00

FILED
2010 MAR 26 PM 2:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
MAR 29 2010
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JADE 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:

YESINIA SOTO

Name of Person

JADE JANITORIAL SERVICES, LLC

Firm/Company

255 E. 3RD STREET, UNIT 1

Address

HIALEAH, FL 33010

City/State and Zip Code

yesinia_soto@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

YESINIA SOTO

Name of Person

at (786)

260-5584

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2010 MAR 26 PM 2:13

JADE JANITORIAL SERVICES, LLC

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on November 19, 2009 and assigned
Florida document number L09000111838.

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."

Enter new principal offices address, if applicable:

SAME YOU HAVE IN RECORD.

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

SAME YOU HAVE IN RECORD.

(Mailing address MAY BE A POST OFFICE BOX)

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:

LUZMILA GUTIERREZ

New Registered Office Address:

255 E. 3RD STREET, UNIT 1

Enter Florida street address

HIALEAH

, Florida

33010

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.

Luzmila Gutierrez
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:

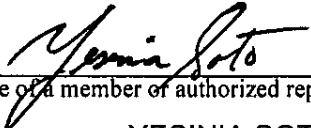
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	LUZMILA GUTIERREZ	255 E. 3RD STREET, UNIT 1 HIALEAH, FL 33010	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	YESINIA SOTO	255 E. 3RD STREET, UNIT 1 HIALEAH, FL 33010	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated FEBRUARY 01, 2010


Signature of a member or authorized representative of a member

YESINIA SOTO

Typed or printed name of signee

FILED
2010 MAR 26 PM 2:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA