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FEB 28 2010

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02/22/10--01052--014 **25.00

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10 FEB 22 PM 4: 26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DULCE 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:

VANESSA PARRA

Name of Person

Firm/Company

3299 CORAL RIDGE DRIVE

Address

CORAL SPRINGS FL, 33065

City/State and Zip Code

Info@hildaandcrew.com

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

For further information concerning this matter, please call:

VANESSA PARRA

Name of Person

at (**954**) **345 2321**
Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

DULCE JANITORIAL 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 02/04/10 and assigned
Florida document number L10000013281.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

MULTI SERVICES GILOZAV, LLC

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:

(Principal office address MUST BE A STREET ADDRESS)

9899 NW 33 STREET

CORAL SPRINGSFL, 33065

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

9899 NW 33 STREET

CORAL SPRINGSFL, 33065

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:

MONICA LOZA

New Registered Office Address:

9899 NW 33 STREET

Enter Florida street address

CORAL SPRINGS

Florida

City

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

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10 FEB 23 2010
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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>
MGRM	DULCE M. DIAZ	341 NE 26 COURT POMPAÑO BEACH FL 33064	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	MONICA LOZA	9899 NW 33 STREET CORAL SPRINGS FL 33065	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	MONICA LOZADA	9899 NW 33 STREET CORAL SPRINGS FL 33065	<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

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

Dated _____

Signature of a member or authorized representative of a member

MONICA LOZA

Typed or printed name of signee

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TALLAHASSEE, FLORIDA