L10000057602

(Re	questor's Name)	
(Ad	idress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
· (Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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SECRETARY DE STATE

K. SALY AUG 24 2018

COVER LETTER

Division of Corp	orations			
SUBJECT:	R Cleaning Name of Disease	Services LL ted Liability Company	<u>C</u>	
The enclosed Articles of A	amendment and fee(s) are sub-	nitted for filing.		
Please return all correspon	dence concerning this matter t	to the following:		
	Virter A	Nerca Sk Name of Person		
		Firm/Company		
	2412 Helra	se St Address	 -	
·	Winter May	en, FL 3388 City/State and Zip Code Conservices Of Hoto o be used for future annual report notific	2018 AUG 16 cation)	(B) 110 H & C H &
For further information co	ncerning this matter, please ca	all:	2-5 A	: 1
Victor A Name of		at (<u>107</u>) <u>973-9</u> Area Code Daytime	Telephone Number	D 6
Enclosed is a check for the	e 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

TO:

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

ARTICLES OF ORGANIZATION OF

18 AUG FILED

Zip Code

406.7
(Name of the Limited Liability Company as it now appears on our records.) (Name of the Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on 5/28/2010 and assigned Florida document number 6/00/00057602
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 contain the words "Limited Liability Company," the designation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the ne</u> registered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address: Enter Florida street address
Diam'da

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 605, 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.

City

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member		FILED		
<u>Title</u>	<u>Name</u>	Address	FILED 18 AUG 16 AM 1:20 SECRETARY UF STATE TALLAHASSEE, FLORIDA	Type of Action
			SEE, FLORIDA	C Add
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	ALLAHASSEE, FLOOR
	- ONIDA
	•
(if an ei	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	5/24 7.2018

Page 3 of 3

Filing Fee: \$25.00