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C. LEWIS

SEP 2 2010

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJE	A ELements _ leaning Services LLC					
	Name of Limited Liability Company					
The end	closed Articles of Amendment and fee(s) are submitted for filing.					
Please 1	return all correspondence concerning this matter to the following:					
	Maria Gaviria					
	Name of Person					
	4 Elements Cleaning Services U.C.					
	325. S. Biscapore, 1414					
	Address					
MIAM, FL 33131						
	City/State and Zip Code					
MIAMIBE 2003@ Yahoo. COH. E-mail address: (to be used for future annual report notification)						
For fur	ther information concerning this matter, please call:					
	Maria Gavirzia at (786) 222 - 0066 Name of Person Area Code & Daytime Telephone Number					
	Name of Person Area Code & Daytime Telephone Number					
Enclose	ed is a check for the following amount:					
\$25	.00 Filing Fee \$ \$30.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)					

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Taliahassee, 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

	Or		2010 SEP -1 AM M: 52
4 E'	Lenents	CLeaning	SOVERSY OF SATE ords. FLORIDA
(<u>Name of the Limited Liab</u> (A Flori	ility Company as it da Limited Liability	now appears on our reco Company)	irds.) ALLANASSEE, FLURIDA
The Articles of Organization for this Limited Liabilit	y Company were f	iled on Jone 1,	2010 and assigned
Florida document numberL10000058	472	ŕ	
This amendment is submitted to amend the following	g :		
A. If amending name, enter the new name of the	limited liability co	mpany here:	
ELEMents C	Leaning	Concepts	, LLC.
The new name must be distinguishable and end with the "L.L.C."	words "Limited Lial	oility Company," the desig	nation "LLC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AL	DRESS)		
		· · · · · · · · · · · · · · · · · · ·	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>		
	-,		
B. If amending the registered agent and/or re		ldress on our records,	enter the name of the new
registered agent and/or the new registered office a	idaress nere:		
Name of New Registered Agent:			
New Registered Office Address:			A A
	Enter Florida street address		
	~	, Flo	orida Zip Code
	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 **Type of Action Title** <u>Address</u> Name ISCAYNE BLW Remove Remove ☐ Add Remove Add Remove ∏Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Saviria = Operating Manager or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00