## 10000095426

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(City/State/Zip/Phone #)					
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J. BRYAN

OCT -8 2010

**EXAMINER** 

## **COVER LETTER**

Division of Co			
SUBJECT.	South Flor	ida Janitorial, LLC	•
Name of Limited Liability Company			
The enclosed Articles of	of Amendment and fee(s) are sui	bmitted for filing.	
Please return all corresp	condence concerning this matter	r to the following:	TALL TALL
	-	Jessica Gandara	PILED PH 12: 39 DCT -7 PH 12: 39 LLAHASSEE, FLORID
		Name of Person	是 0
	Sou	th Florida Janitorial, LLC	
•		Firm/Company	
	340	60 W. 84th ST, Unit 101	·
		Address	. <del></del>
		Hialeah, FL 33018	
	-	City/State and Zip Code	
	Jes	sicaGandara@aol.com	
		to be used for future annual report notificat	tion)
For further information	concerning this matter, please	call:	
Je	ssica Gandara	at (	15-8812
Name	of Person	Area Code & Daytime T	elephone Number
Enclosed 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, Certificate of Status & Certified Copy (additional copy is enclosed)
	LING ADDRESS:	STREET/COURIE	R ADDRESS:
Registration Section Division of Corporations		Registration Section Division of Corporati	ons
	Box 6327 hassee, FL 32314	Clifton Building 2661 Executive Cente	er Circle

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

ARTICLES	OF AMENDMEN	T
-	TO	1.0 6
ARTICLES	OF ORGANIZATI	ON PER ON
	<b>OF</b>	ON A PART OF THE STATE OF THE S
•		5 - 7
South Flor	rida Janitorial, LLC	SECTION PA
(Name of the Limited Liability (A Florida Li	Company as it now appear:	s on our records.
(11.101000.21	mines Education Company)	(9) 12 36 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
The Articles of Organization for this Limited Liability Co	mpany were filed on Se	eptember 13, 2010 and assigned
Florida document number L10000095426		
	<b>-</b> '	
This amountment is submitted to amound the following:		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here	
The new name must be distinguishable and end with the word	s "Limited Liability Compar	ny," the designation "LLC" or the abbreviation
"L.L.C."		-
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRI		
2 THE PART OF SECTION IN COLUMN TO THE PROPERTY OF SECTION OF SECT		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register		ur records, enter the name of the new
registered agent and/or the new registered office addre	ess nere:	
	•	
Name of New Registered Agent:		<del></del>
New Registered Office Address:		
	Ent	er Florida street address
•		Plorido
-	City	, Florida Zip Code
	* ** <b>*</b>	

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR_	Jessica Marie Gandara	3460 W. 84th ST, Unit 101	Add Remove
MGR_	Nieves P. Rajme Rodrigue	3460 W. 84th ST, Unit 101	Add Remove
MGR	JOEL GANDARA	3460 W. 84TH ST. Unit 10)	Add Remove
MGR	Rolando R. Fajardo Pons	3460 W. 84TH ST. Unit 101	Add Remove
			Add Remove
			Add Remove
D. If ame	ending any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)	— *:-> —
- -		A-LAHASSIE,	FILE
Dated	October 4, 20	FLORIDA PLORIDA	D P <b>N 12:</b> 39
	Joel Gar	or authorized representative of a member of A T A or printed name of signee	<del></del>

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Filing Fee: \$25.00