L11000024179

J.A.R. CLEANING SERVICES
411 17th ST.
ST. CLOUD, FL 34769.

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

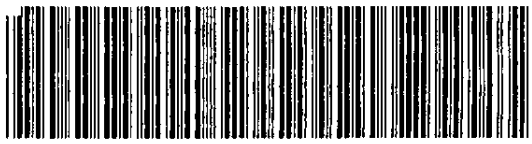
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2011 MAR 25 PM 1:45
TALLAHASSEE, FLORIDA

C. LEWIS
MAR 28 2011
EXAMINER

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 14, 2011

J.A.R. CLEANING SERVICES
411 17TH ST.
ST. CLOUD, FL 34769

SUBJECT: J.A.R. CLEANING SERVICES, LLC
Ref. Number: L11000024179

We have received your document for J.A.R. CLEANING SERVICES, LLC and your check(s) totaling $35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

If you have any further questions concerning your document, please call (850) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 211A00006120

TRANSMITTAL LETTER

BEST QUICK TAX RETURNS, INC
320 S. BUMBY AVE. SUITE 10
ORLANDO,FL 32803

I am enclosing a check of $ 35.00 dollars, please send me a stamped copy of the articles.

Thank you

(~~X~~ Envelope enclosed.)

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: J. A. R. CLEANING 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:

ADRIANA M. RIVERA
Name of Person

Firm/Company

411 17th St
Address

ST CLOUD, FL 34769
City/State and Zip Code

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

For further information concerning this matter, please call:

ADRIANA M. RIVERA at (407) 780-7654
Name of Person 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

2011 MAR 25 PM 1:45

TALLAHASSEE, FLORIDA

J.A.R. CLEANING 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 2-25-2011 and assigned Florida document number L11000024179.

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:
(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, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: ADRIANA M. RIVERA

New Registered Office Address: 411 17th st
Enter Florida street address

St Cloud, **Florida** 34769
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

Title	Name	Address	Type of Action
MGR	ADRIANA M RIVERA	411 17th St St Cloud, FL 34769	☑ Add ☐ Remove
MGR	JUAN D. RIVERA	411 17th St St Cloud, FL 34769	☐ Add ☑ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ 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

ADRIANA M. RIVERA

Typed or printed name of signee

FILED
2011 MAR 25 PM 4:45
TALLAHASSEE, FLORIDA

Filing Fee: $25.00