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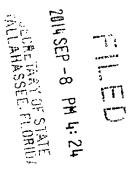
(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone	7)
PICK-UP WAIT	MAIL.
(Business Entity Name)
(Document Number)	
Certified Copies Certificates of	of Status
Special Instructions to Filing Officer: CORRECTION TO MGK P. CONVERSATION WITH DAN HANCOCK 9/11/20	er 014 KS

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K. SALY EXAMINER SEP 11 2014

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Statewide Sanitorial + BIBG 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:
Dan Hancock Name of Person
Statewide Senitorial + BLDG Services 220 Firm/Company
3990 Atlanta ST Address
Hollywood FC 330Z) City/State and Zip Code
D. Statewde @ amail. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Den Hungech Name of Person at (954) 512-8644 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Solution Status Solution Sta

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

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ART	ICLES OF O	RGANIZATIO	N	FILED
· · · ·	O	F	201	L CCC
			·	13EP-8 PM.
Statevide Scritori	of & BLY	6 Services	LL Gigo	4 SEP-8 PM 4:24
(Name of the Limit	ed Liability Compa	ny as it now appears on eliability Company)	our records.)	HASSET OF STATE
	(A Piorida Limited L	Liability Company)	1 1	FLORIDA
The Articles of Organization for this Limited Li	iability Company	were filed on	127/11	and assigned
Florida document number LIV 00007	417418			
riorida document number DITOCO	10.10.			
This amendment is submitted to amend the follow	owing:			
A If amounting name output the new name of	Etha limited liabi	lite commons house		
A. If amending name, enter the new name of	the nimited habi	inty company nere:		
		11/2 C 2 4h - d	and a SI I CV and a	Abouted at 1 C 2
The new name must be distinguishable and end with the	words "Limited Liab	inity Company," the design	nation "LLC or the a	indreviation L.L.C.
Enter new principal offices address, if applic	able:	Justin	Lantz	
(Principal office address MUST BE A STREE	T ADDRESS)	3490 A	Atlanta	ST
		Hollywoo	od FL	33021
Enter new mailing address, if applicable:				
	POV.			
(Mailing address MAY BE A POST OFFICE	<u>BUAJ</u>			
D 16				the name of the name
B. If amending the registered agent and/ registered agent and/or the new registered of			records, enter	the name of the new
		- , ,		
Name of New Registered Agent:	3.4	1 / 1/2		
Name of New Registered Agent.	200	1 Lan E		
New Registered Office Address:	3990	1+tlanta	57	
	11 - 11	Enter Florida st	reet address	_
	Holly	wood	, Florida	3302)
	- 1	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 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office addless, 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

Page 4 of 3

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = M AMBR = A	anager uthorized Member	FILED	
<u>Title</u>	<u>Name</u>	Address 2014 SEP - 8 PM 4:	2Type of Action
<u>_</u>	Sustant Lane	FALLAHASSEF, FLORI	Ĺ P∴□ Add
			[] Remove
AL OT	\ f 1	2	_
MGR	Sustin Lantz	3490 Atlanta ST	Add
		Hollywood Fl 3302)	□ Remove
			
			□ Add
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Mective date mus ate this documen	other than the date of filing: st be specific, cannot be prior to date of receipt or filed date and it is filed by the Florida Department of State)	(optional) d cannot be more than 90 days after
ffective date mus	st be specific, cannot be prior to date of receipt or filed date an	(optional) d cannot be more than 90 days after

Page 3 of 3

Tall SEP -8 PM 4: 25

Filing Fee: \$25.00