

LI 000112160

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : RC TAX SERVICE LLC
Account Number : I20140000083
Phone : (407) 932-0040
Fax Number : (407) 520-5473

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: JESUSHDEAN2006@HOTMAIL.COM

RECEIVED

15 OCT 23 PM 3:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
AMY JJ CLEANING SERVICES LLC**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

H15000 2544153

**TO: Registration Section
Division of Corporations****SUBJECT: AMY JJ 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:

JESUS MAGANA

Name of Person

AMY JJ CLEANING SERVICES LLC

Firm/Company

2632 LIBERTY BLVD

Address

KISSIMMEE FL 34741

City/State and Zip Code

jesusmagana2006@hotmail.com

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

For further information concerning this matter, please call:

JESUS MAGANA

at (407) 209-4975

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

4150002544153

AMY JJ 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 09/30/2011 and assigned
Florida document number L11000112160

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

CHUY'S SERVICES LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

2632 LIBERTY BLVD

(Principal office address MUST BE A STREET ADDRESS)

KISSIMMEE FL 34741

Enter new mailing address, if applicable:

2632 LIBERTY BLVD

(Mailing address MAY BE A POST OFFICE BOX)

KISSIMMEE FL 34741

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:

New Registered Office Address:

2632 LIBERTY BLVD,

Enter Florida street address

KISSIMMEE

Florida

City

15 OCT 23 AM 8:06
SECRETARY OF STATE
ALLAHASSEE, FLORIDA

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.

If Changing Registered Agent, Signature of New Registered Agent

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• 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

4150002544153

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	JESUS MAGANA	5060 PAM RD	<input type="checkbox"/> Add
		KISSIMMEE FL 34746	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JESUS MAGANA	2632 LIBERTY BLVD	<input checked="" type="checkbox"/> Add
		KISSIMMEE FL 34741	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JOSE G MAGANA	5060 PAM RD	<input checked="" type="checkbox"/> Add
		KISSIMMEE FL 34746	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated OCTOBER 23, 2015

Signature of a member or authorized representative of a member

JESUS MAGANA

Typed or printed name of signee

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Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA