

L11000130553

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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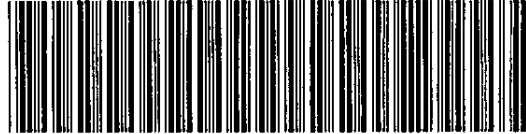
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 26 2015
D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: K&M CLEANING Solutions 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:

DENNIS CANTLON

Name of Person

K&M Cleaning Solutions LLC

Firm/Company

~~3339~~ 3711 MERRILL Blvd

Address

JACKSONVILLE BEACH Florida 32225

City/State and Zip Code

DENNIS.CANTLON@GMAIL.COM

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

For further information concerning this matter, please call:

DENNIS CANTLON

Name of Person

at (904) 894-7269

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

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TALLAHASSEE, FLORIDA

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

K&M CLEANING SOLUTIONS, 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 11/16/2011 and assigned Florida document number L11000130553.

This amendment is submitted to amend the following: 7/20/2015

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

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:

(Principal office address MUST BE A STREET ADDRESS)

3175 MERRILL Blvd
Jacksonville Beach Florida
32250

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3175 Merrill Blvd
Jacksonville Beach Florida
32250

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:

DENNIS M. CANTLON

New Registered Office Address:

3175 Merrill Blvd

Enter Florida street address

Jacksonville Beach, Florida

City

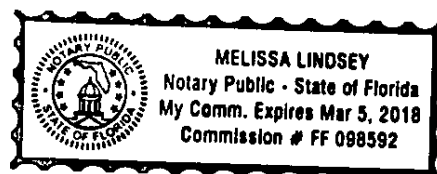
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New Registered Agent's Signature, if changing Registered Agent:

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.

State of Florida
County of Duval
On this 23 day of July 2015
before me personally appeared
Dennis M. Cantlon
to me known to be the person who executed the foregoing instrument, and acknowledged that he executed the same as his free act and deed.
SEAL (signed) Melissa Lindsey
NOTARY PUBLIC

Dennis M. Cantlon
If Changing Registered Agent, Signature of New Registered Agent



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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	DENNIS N. CANTON		<input checked="" type="checkbox"/> Add
	3175 Merrill Blvd.		
	Jacksonville Beach Florida		<input type="checkbox"/> Remove
	32250		
			<input type="checkbox"/> Change
MGR	KIM A VARGA		<input type="checkbox"/> Add
	894 536-7983		
	(904)	1459 CRABAPPLE COVE	<input checked="" type="checkbox"/> Remove
		CT. SOUTH	
		JAX, FLA. 32225	<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

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

ED

2015 AUG 25 P 12: 36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 7/20, 2015.

4 in a Varga

Signature of a member or authorized representative of a member

Kim A VARGA

Typed or printed name of store:

State of Florida
County of Duval
On this 23 day of July 2015
before me personally appeared
Kim A. Varma

to me known to be the person who executed the foregoing instrument, and acknowledged that he executed the same as his free act and deed.

SEAL (signed) *W. L. ...*

NOT PUBLIC

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Filing Fee: \$25.00