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COVER LETTER

P.O. Box 6327

Tallahassee, FL 32314

TO: Registration Section Division of Corporations
SUBJECT: Paradise Commercial Cleaning Company, 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:
Leroy Lopez Name of Person Paradise Commercial Againg Company, LLC
1480 Sandy Jane,
ClearWorler, FL 33755 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Morine Rocco at 127 Glob 8536 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 Certified Copy (additional copy is enclosed) Certified Copy (additional copy is crotosed) Certif
MAILING ADDRESS: Registration Section Division of Corporations 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

Paradise Co	ted Liability Company as it (A Florida Limited Liability	t now appears on ou y Company)	r records)	n fan	4	
The Articles of Organization for this Limited I. Florida document number \(\bigcup \frac{1700012}{200012} \)	iability Company were	filed on <u>NOV</u> E	mber28,2	D) and ass	igned	
This amendment is submitted to amend the following	lowing:					
A. If amending name, enter the new name of	of the limited liability c	ompany here:				
The new name must be distinguishable and end with the	words "Limited Liability Co	ompany," the designa	tion "LLC" or the al	bbreviation "l	L.L.C."	_
Enter new principal offices address, if applie	cable:					
(Principal office address MUST BE A STRE)	ET ADDRESS)		· · · · · · · · · · · · · · · · · · ·	7.5 () () () () () () () () () (2	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)				CHARY OF STA	0CT 20 PM 2:	
B. If amending the registered agent and registered agent and/or the new registered o		address on our	records, enter	the name	of the	e new
Name of New Registered Agent: New Registered Office Address:	MORINE 1480 Sar Clearwa	ROA My lane Entel Florida street Het	et biddress, Florida_3	3375 Zip Code	 5_	_

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

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

MGR = Manager

AMBR = Aut	thorized Member		
<u>Title</u> MAR	Name MORINE ROACH	Address 1480 Sandy Lane Clearwater, FL 337	Type of Action [5] Add [5] Remove
MGR	Leroy Lopez	1480 Sandy Lane Clear Wotter, FL 3375	 □ Add
			
			2014 OCT 20 PMs2: 49 PALLAHASSEE FOORIBA
			□ Add
			Remove Add Remove

Mar will changed from.
Leroy Copez to Morine Koach
Office address remain the
Same.
E. Effective date, if other than the date of filing:
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Page 3 of 3

Filing Fee: \$25.00

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