L12000044565

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COVER LETTER

то:	Registration Section Division of Corpor		\$ 1 5 S . *	4
SUBJI	ст: <u>LèJ'S</u>	Cleaning S Name of Limite	Service, UC ed Liability Company	. <u></u>
The en	closed Articles of Am	endment and fee(s) are subm	nitted for filing.	
Please	return all corresponde	nce concerning this matter to	the following:	
		J-ennifer	Minish Name of Person	
			ning Service, LLC Firm/Company	
		12490 Cliffre	ose Trail Address	
		Jacksonville	City/State and Zip Code	
	-	Jenniferminish E-mail address: (to	Quahoo. com be used for future annual report notificati	ion)
For fur	ther information conc	erning this matter, please cal	1:	
Je	nnifer E Name of Pe	. Minish	at (904) 449 - U Area Code Daytime Te	lephone Number
Enclos	ed is a check for the fo	ollowing amount:		
\$2	5.00 Filing Fee I	□ \$30.00 Filing Fee & Certificate of Status	S55.00 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

L&J'S Cleaning Service, LLC

(Name of the Limited Limited Limited I	ny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number <u>LJ 2 0000 44565</u>	were filed on March 30, 20	ol 2 and assign	ed
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:		
The new name must be distinguishable and end with the words "Limited Liab	ility Company," the designation "LLC" or the	abbreviation "L.L.	
Enter new principal offices address, if applicable:		<u></u>	
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:	12490 Cliffrose	: Trail	
(Mailing address MAY BE A POST OFFICE BOX)	Jacksonville, F		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address:		the name of	the new
	. Florida	7	10 1 25 - 4
	City	Zip Code	*
New Registered Agent's Signature, if changing Registered Agents		⊊*# 7.9	

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 =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR.	Lance Minish		Add
		Jacksonville, Pl 32225	Remove
			Add
			□ Remove
			D Add
			C Remove
			— □ Add
		į.	Remove
		:	
			_ O Add 2
			Remove
			_
			_□ Add
			_□ Remove

),	If an	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	,	
		ctive date, if other than the date of filing: (optional)
	(The e	ffective date must be specific, cannot be prior to date or receipt or filed date and cannot be more than 90 days after late this document is filed by the Florida Department of State)
	Date	d
		Kennyal V. W. Junah
		Signature of a member or authorized representative of a member

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Filing Fee: \$25.00