

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
L1200045386

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To:
Division of Corporations
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From:
Account Name : LEGALZOOM.COM INC.
Account Number : 120019000062
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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
AB CLEANING LLC**

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2018 SEP 28 PM 9:41

Electronic Filing Menu

Corporate Filing Menu

Help

To. Page 3 of 7
Division of Corporations

2018-09-28 06:33:04 PDT

LegalZoom.com, Inc. From: Sarah Acevedo
Page 2 of 2

Sep. 26. 2018 1:23PM

No. 1474 P. 6

COVER LETTER**TO: Registration Section
Division of Corporations****SUBJECT: AB CLEANING 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:

Cheyenne Moseley

Name of Person

Legalzoom.com, Inc.

Firm/Company

101 N. Brand Blvd., 11th Floor

Address

Glendale, CA 91203

City/State and Zip Code

aprileans4@gmail.com

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

For further information concerning this matter, please call:

Cheyenne Moseley

800 773-0888 ext. 9724

Name of Personat (_____)_____
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

Sep. 25. 2018 1:23PM

No. 1474 P. 7

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AB CLEANING 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 04/03/2012 and assigned
Florida document number L12000045386.

This amendment is submitted to amend the following:

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

AB Cleaning & Home Maintenance, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Enter Florida street address

City

Florida

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 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

Sat, 25, 2018 1:23PM

Vol. 1474 P. 5

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Harry DeRossett	215 Manatee St.	<input checked="" type="checkbox"/> Add
		Fort Myers, FL 33913	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

Sep. 25, 2018 1:24 PM


No. 1474 F 9

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

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

(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)

Dated September 28th, 2018



Signature of a member or authorized representative of a member

April DeRossett

Typed or printed name of signee

19 SEP 28 AM 11:08

FILED