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DIVISION OF COMPORISTIONS
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M. MILLIGAN AUG 11 2017:

COVER LETTER

):	Registration Section Division of Corporations
JBJE	T: <u>Jessice</u> <u>Whosen</u> Cleaning Name of Limited Liability Company
ie end	osed Articles of Amendment and fee(s) are submitted for filing.
case i	turn all correspondence concerning this matter to the following:
	Jessice G. Johnson
	Jessica Johnson Clening, L.L.C.
	2141 Natural Wells Dr.
	Tallahassec, FL 32305
	Less: Ca Johnson Claning @ gmail. com E-mail address: (to be used for future amount report notification)
or fur	ner information concerning this matter, please call:
	Name of Person
	Name of Person
- 1	d is a check for the following amount:
a \$2	.00 Filing Fee Solution Status Solution Status Solution S
	MAILING ADDRESS: Registration Section Division of Corporations STREET/COURIER ADDRESS: Registration Section Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

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Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

17 AUG / PORTOR AND.

Jessica Johnson Cleaning, LL.C.	14
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	,
orida document number <u>L12000050769</u> .	
nis amendment is submitted to amend the following:	
If amending name, enter the new name of the limited liability company here: All Time Shine Cleaning Services, LLC is new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."	_
rincipal office address MUST BE A STREET ADDRESS)	- - -
nter new mailing address, if applicable: Aailing address MAY BE A POST OFFICE BOX)	_ _ _
. If amending the registered agent and/or registered office address on our records, enter the name of the egistered agent and/or the new registered office address here:	new
Name of New Registered Agent:	_
New Registered Office Address: Enter Florida street address	_
, Florida	
City Zip Code 'ew Registered Agent's Signature, if changing Registered Agent:	
hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with rovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and ccept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or. if this document to eing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability on the paper has been notified in writing of this change.	

If Changing Registered Agent, Signature of New Registered Agent

mending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

GR = Manager

IBR = Authorized Member

<u>le</u>	Name	Address	Type of Action
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			Change
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inent	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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rec The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ea 90th day after the record is filed.	riier oi
ited	8/11/17	
-	Signature of a member or pathorized representative of a member	_
	Jessica G. Johnson Typed or printed name of signee	
	Typed or printed name of signee	S A IIA
	-	<u>-</u> ::
	Page 3 of 3	, ,

Filing Fee: S25.00