12000102843

(Requ	iestor's Name)	
(Addr	ess)	
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(Čity/	State/Zip/Phone #)	
		MAIL
(Busi	ness Entity Name)	
(Doci	ument Number)	
Certified Copies	Certificates of Stat	us
Special Instructions to Fi	ling Officer:	
	Office Use Only	



08/30/12--01028--003 **30.00

FILED' 12 AUS 30 PM 2: 01 Second Converts I AVE 1 ALLANESSEE, FLORIDA

K. SALY EXAMINER

AUG 31 2012

COVER LETTER

SUBJECT: R	KS Cleaning Services, LLC	

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please rolum all correspondence goncerning this matter to the following:

Address Scleaning syves @ amail. ((E-mail address: (to be used for future sumual (coort notification) (0)

For further information concerning this matter, please call:

6 Area Code & Daytime Telephone Number Name of Person

Enclosed is a check for the following amount:

S0.00 Filing For & Status

Certified Copy (additional copy is enclosed)

50.00 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 Tallahussee, FL 32301

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	FAMENDMENT FILED
	ORGANIZATION
	OF SEGMENTS
(ALLAND OF CO
RKS Cleaning Ser	FAMENDMENT FILED ORGANIZATION OF FILED 12 AUG 30 PM 2: FALLANASSEE, FLORE FLORE FLORE FLORE FLORE FLORE FLORE FLORE FLORE FLORE FLORE FLORE FLORE FLORE FLORE FLORE FLORE FLORE FLORE FLED FLE
(A Florida Limited	Liability Company)
The Articles of Organization for this Limited Liability Compan	ny were filed on 8/9/12 and assigned
Iorida document number L1200010284	3
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lig	ibility company here:
	N/R
he new name must be distinguishable and end with the words "Liz L.L.C."	mited Liability Company," the designation "LLC" or the abbreviation
Inter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	NA
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OF PICE BOX	NA
	office address on our records, enter the name of the new
egistered agent and/or the new registered office address he	<u>ere</u> :
	1
Name of New Registered Agent:	
New Registered Office Address:	· • •
	Enter Floridu street uddress
	77
	, rigriga
	, Florida Cilly Zip Code

Thereby accept the appointment as registered agent and agree to act in this capacity. I jurner agree to comply with the provisions of all statutes relative to the proper and complete performance of mv duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, 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 Reviseered Agent

Page 1 of 2

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

MGR = Managing Member

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<u>Tide</u>	Name	Address	Typel Action		
MGR	Reynaldo Melendez	BOA-Westwinds Drive	Add Remove		
hanny aga - tay - tay - tay - tay	<u> </u>		Add Remove		
	National and the second se		Add		
No. of Concession, Name			Ådd		
	- Martin Martin				
D. If amendin	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)	🖸 Remove 		
Dated Au	just 28 J. 201 March	2.			
- <u></u>	Orlando	r authorized representative of a member AIVAYEZ			
Typed or printed name of signee Page 2 of 2					

Filing Fee: \$25.00