

L13000035369

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

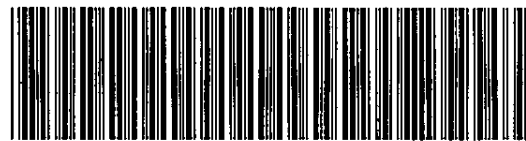
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 29 2015

T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Faye Away Dust cleaning service 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:

Elizabeth Miller & Marvin Miller
Name of Person

Faye Away Dust cleaning service LLC
Firm/Company

4150 Hopespring Dr Same
Address

Orlando FL 32829
City/State and Zip Code

Fayeawaydustcleaningservice@gmail.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Elizabeth Miller at (407) 924-7893
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

☐ \$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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Faye Away Dust Cleaning Service 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 March 29, 2013 and assigned
Florida document number L1300003569.

This amendment is submitted to amend the following:

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

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)

4150 Hopespring Dr
Orlando FL 32829

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4150 Hopespring Dr
Orlando FL 32829

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:

Marvin Miller

New Registered Office Address:

4150 Hopespring Dr

Enter Florida street address

Orlando

City

, Florida

32829

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.

Marvin Miller

If Changing Registered Agent, Signature of New Registered Agent

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
owner	Elizabeth Miller	4150 Hopespring Dr	<input type="checkbox"/> Add
		Orlando FL 32829	<input checked="" type="checkbox"/> Remove
owner	Marvin Miller	4150 Hopespring Dr	<input checked="" type="checkbox"/> Add
		Orlando FL 32829	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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TALLAHASSEE, FLORIDA

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

I (Elizabeth Miller) is giving Marvin Miller my company Fake Away Dust cleaning Service LLC

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 January 8, 2015.

Mar Miller

Signature of a member or authorized representative of a member

Marvin Miller

Typed or printed name of signee

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Filing Fee: \$25.00

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