Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.
Account Number : 120010000062
Phone : (323)962-8600
Fax Number : (323) 962-3889

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 1ST CLASS JANTORIAL SERVICES LLC

|                       | مسببين والمرابع المتناف والمستوي والمتناف |
|-----------------------|---|
| Certificate of Status | 0   |
| Certified Copy        | 1   |
| Page Count            | 04  |
| Estimated Charge      | \$55.00                                   |

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19 APR 24 AH 7: 47

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APR 2 5 2013

T. HAMPTON

TO:

Registration Section

## **COVER LETTER**

| Division of Corporations                      |                                    |  |  |  |
|---|------------------------------------|--|--|--|
| SUBJECT: 1ST CLASS JANTOR                     | NAL SERVICES LLC                   |  |  |  |
|   | Name of Limited Liability Company) | <del></del>  |  |  |
|   |                                    |  |  |  |
| The enclosed Articles of Amendment and        | fee(s) are submitted for filing.   |  |  |  |
| Please return all correspondence concerning   | ng this matter to the following:   |  |  |  |
|   |                                    | •  |  |  |
| lmelda Vas                                    | squez                              |  |  |  |
|   | (Name of Person)                   |  |  |  |
| Legalzoom                                     | .com. Inc.                         |  |  |  |
|   | (Firm/Company)                     |  |  |  |
| 100 W. Broadway Suite 100                     |                                    |  |  |  |
|   | (Address)                          | ·····  |  |  |
| Glendale,                                     | CA 91210                           |  |  |  |
| <del>Olondaio,</del>                          | (City/State and Zip Code)          | <del></del>  |  |  |
|   |                                    |  |  |  |
| For further information concerning this ma    | itter, please call:                |  |  |  |
| Imelda Vasquez                                | at ( 323 ) 962-8600 ex             | kt 7950  |  |  |
| (Name of Person)                              | (Area Code & Daytime               | Telephone Number)  |  |  |
|   |                                    |  |  |  |
| Enclosed is a check for the following amo     | <u>_</u>                           | _  |  |  |
| \$25.00 Filing Fee \$30.00 Filing Certificate |                                    | \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |  |  |
|   |                                    | (additional copy is eliciosed)   |  |  |
| MANAGARRAGA                                   |                                    |  |  |  |

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

Apr 22 13 01:46p

Classic Glass & Mirror

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF SECRETARY OF STATE DIVISION OF CORPORATIONS

13 APR 24 AM 7: 47

| 1ST CLASS JANTORIAL SERVICES 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 Liabili   | ty Company were filed on 04/02/20   | 13 and assigned |
|---|-------------------------------------|-----------------|
| Florida document number <u>L13000048312</u>   |                                     |                 |
| This amendment is submitted to amend the following  | g:                                  |                 |
| A. If amending name, enter the new name of the  | limited liability company here:     |                 |
| 1st Class Janitorial Services LLC   |                                     |                 |
| The new name must be distinguishable and end with the "L.L.C."  B. If amending the registered agent and/or registered agent and/or the new registered office: | egistered office address on our rec | -               |
| Name of New Registered Agent:   |                                     |                 |
| New Registered Office Address:  | (P FI                               |                 |
|   | (Enter Florida street address)      |                 |
|   |                                     | _, Florida      |
|   | (City)                              | (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 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 Registered Agent)

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

| MGR = 1  | Manager<br>≈ Managing Member |  |                                 |
|----------|------------------------------|--|---------------------------------|
| Title    | Name                         | Address  | Type of Action                  |
|          |                              |  | Add Remove                      |
| -        |                              |  | Add Remove                      |
|          |                              |  | Add<br>Remave                   |
|          |                              |  | Add<br>Remove                   |
|          |                              |  | Add<br>Remove                   |
|          |                              |  | Add<br>Remove                   |
| D. If am |                              | gc(s) here: (Attach additional sheets, if necessary.)                              |                                 |
|          |                              |  | SECRETARY<br>DIVISION OF C      |
| Dated    | 04/22 . 2013                 | 3  | YOF STATE CORPORATIONS AN 7: 47 |
|          | H                            | for authorized representative of a member  Gary Deniro I or printed name of signee |                                 |

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Filing Fee: \$25.00