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(Re	equestor's Name)			
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PICK-UP	WAIT	MAIL		
(Business Entity Name)				
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Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
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Office Use Only



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, ,	COVER LETTER
	stration Section ion of Corporations
· SUBJECT: _	ELIZ Cleaning Service, LLC Name of Limited Liability Company
The enclosed	Articles of Amendment and fee(s) are submitted for filing.
Please return a	all correspondence concerning this matter to the following:
	TOSE C. ArriolA Name of Person ELiz Cleaning Service, LLC Firm/Company 3011 30 ST North Address
	St. Petersburg Att. 33713 City/State and Zip Code elizcleaningservice/ Controok. Com E-mail address: (to be used for futble annual report notification)
For further inf	formation concerning this matter, please call:
ZoE	DE C. ArriolA at 727, 213-7611
	Name of Person Area Code & Daytime Telephone Number
Enclosed is a	sheek for the following amount:

□\$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

□ \$25.00 Filing Fee

\$30.00 Filing Fee & Certificate of Status

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

□\$60.00 Filing Fee,

Certified Copy

Certificate of Status &

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on 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 "LEC" or the abbreviation "L.L.C." 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

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.

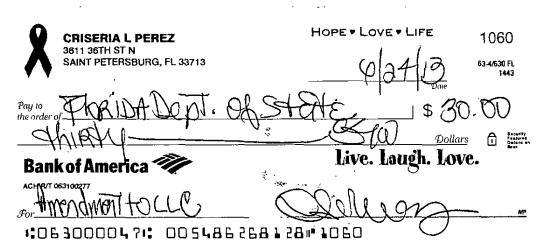
City

If Changing Registered Agent, Signature of New Registered Agent

- 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 = Mana MGRM = Man	ger naging Member			
<u>Title</u>	Name	Address	Type of Action	
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		z 3611 365T North St. Petersburg Fl 337	Remove	
				
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If amending any othe	er information, enter change(s) here: (Attach additional sheets, if necessity)	essary.)
		
	<u>.</u>	
		
ed <u>2006</u>	24,2013.	
	Olilean	
	Signature of a member or authorized representative of a member	
	CRISERIA PECCO Typed or printed name of signee	
	Page 3 of 3	温点 む
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HOPE & COURAGE

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