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## **COVER LETTER**

Registration Section
Division of Corporations

Registration Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT:			•
SUBJECT.	Name of Limit	ed Liability Company	
	Amendment and fee(s) are subondence concerning this matter		18 JUL 22 M 8: 25
		Name of Person	FLORES 25
		Firm/Company	
		Address	
		City/State and Zip Code	
	E-mail address: (t	o be used for future annual report notificat	ion)
For further information c	concerning this matter, please co	all:	
		at ()	
Name o	of Person	at ()Area Code & Daytime To	elephone Number
Enclosed is a check for t	he 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)
MAIL	ING ADDRESS:	STREET/COURIER	R ADDRESS:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EVERGIANES CLENING SORVI (Name of the Limited Liability Company as it now appears on our records.)

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Zip Code

Services L.L.C.

(A Florida Limited Liability Co	mpany)
The Articles of Organization for this Limited Liability Company were filed	on 8/7/2013 and assigned
Florida document number <u>Ll3000092567</u>	
This amendment is submitted to amend the following:	•
A. If amending name, enter the new name of the limited liability comp ELY'S CLEANING	Services Lib. 2.
The new name must be distinguishable and end with the words "Limited Liabilit"L.L.C."	y Company," the designation "LLC" or the abbreviation
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 here:	ess on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	thier r ioriaa sireei aaaress

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 = M	anager Managing Mambar	FILING CANCELLED		
MGRM = Managing Member		RETURNED CHECK		
<u>Title</u>	<u>Name</u>	Address Type of Action		
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	). If am	tending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
ated 7/18/2013,	ated	7/18/2013.
Carlos Office.		Calos Offi
Signature of a member or authorized representative of a member		Signature of a member or authorized representative of a member
CARLOS GUTIERREZ		CARLOS GUTIERREZ

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Filing Fee: \$25.00

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