L1300095006

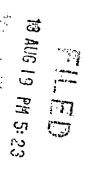
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

TO: Registration Section
Division of Corporations

FCT. ALL IN 1 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:

BARBARA RODRIGUEZ

Name of Persor

ALL IN 1 CLEANING SERVICE, LLC

Firm/Company

554 S. Seneca BLVD.

Address

Daytona Beach Fl. 32114

City/State and Zip Code

allin1cleaningsvs@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Barbara Rodriguez

{...}786\326-5327

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

Q\$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

ALL IN 1 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 Li	ability Compa	ny were filed on 07/02/2013	and assigned
Florida document number <u>L13000095006</u>	<u> </u>		26
This amendment is submitted to amend the following	owing:		9 11
A. If amending name, enter the new name of	the limited li	ability company here:	्रं भू
Not amending name			· 전투 · 12
The new name must be distinguishable and end wit "L.L.C."	h the words "Li	mited Liability Company," the desi	gnation "LLC" or the abbreviation
Enter new principal offices address, if applic	able:	N/A	
(Principal office address MUST BE A STREE	T ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)	N/A	
B. If amending the registered agent and/or the new registered of	fice address h		, enter the name of the new
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
		Enter Florida s	street address
		, FI	orida
		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

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

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGR	Marialis Mansilla	1800 Sans Souci BLVD	Add
		APT.428 N. Miami	Remove
		Florida 33181	_
MGR	Barbara Rodriguez	554 S Seneca BLVD.	Add
		Daytona Beach	Remove
		Florida 32114	
MGR	Leon Murphy	554 S Seneca BLVD.	Add
		Daytona Beach	Remove
		Florida 32114	_
			Add
			Remove
		11 g 20 d 20 d 20 d 20 d	t S
			Add
		in-	Remove
			5.23
-			Add
		***************************************	Remove

no other changes .E	Everything else stays the same.
ugust 16	2013
	· · · · · · · · · · · · · · · · · · ·
Signature	of a member or authorized representative of a member
Barbara Rodriguez	Eng Sal
	Typed or printed name of signee
	Page 3 of 3
	Filing Fee: \$25.00

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