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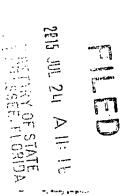
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## **COVER LETTER**

TO: Registration Section Division of Corporations

SUBJECT:		VILLE SUPERMAIDS CLEAN	NING SERVICE LLC	
		Name of Limi	ted Liability Company	
The enclosed	, f Articles of .	Amendment and fee(s) are subm	nitted for filing.	
Please return	ı all correspo	ndence concerning this matter t	o the following:	
		LEAH MCCRUM		
			Name of Person	
		NEW JAX CITY INSURA	NCE INC	
			Firm/Company	
		9943 BEACH BLVD STE	A	
			Address	
		JACKSONVILLE, FL 322	2-16	
			City/State and Zip Code	
		E-mail address: (1	o be used for future annual report notifi	cation)
For further i	nformation c	oncerning this matter, please ca	ll:	
LEAH MCC	CRUM		904 9981966 ext 2	
<del>-</del> .	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is	a check for th	ne following amount:		
<b>⊠</b> \$25,00 I	Ciling 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**

# JACKSONVILLE SUPERMAIDS CLEANING SERVICE LLC

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

The Articles of Organization for this Limited Liability Company were filed on Florida document number $\frac{L13000095509}{L1300095509}$ .	07/03/2013		_ and as	ssigned
This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company	v here:	e been announced	2915	C ATT CONT.
<u></u>	<u>,                                    </u>	iste ist Total Vii Sie mit	=	M
The new name must be distinguishable and contain the words "Limited Liability Company," t	the designation "LLC"	or the abbre	noniĝive	L.I.C."
Enter new principal offices address, if applicable:			D	Elakousá
(Principal office address MUST BE A STREET ADDRESS)		<u>55</u>		
		7757	,	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
	s on our records	, <u>enter tl</u>	ne nam	e of the
· · · · · · · · · · · · · · · · · ·				
Name of New Registered Agent:  New Registered Office Address:				
Name of New Registered Agent:  New Registered Office Address:	r Florida street addres.	s		

### 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.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	ZACHARY T TIPTON	219 SANTA BARBARA AVE	■ Add
		JACKSONVILLE, FL 32254	☐ Remove
		·	☐ Change
			Add
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	,		Change
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etive date, if other than effective date is listed, the date is listed, the date: If the date inserted in the date on the date on the date of the date of the date of the specifies and the south day after the	ne must be specific and can his block does not meet the Department of State layed effective date	not be prior to date of the applicable state's secords.	filing or more than 90 utory filing requirer	) days after filing.) nents, this date w	vill not be listed
d JULY 17	Alau	2015			Cap Cap
d	11/1/1		presentative of a mem	hue	الم

Filing Fee: \$25.00