117000150335

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	fration Section on of Corporations	s.	·
SUBJECT:	Cleaning 4 Health LL	.C	
SUBJECT:	***	Liability Company	
			
The enclosed A	Articles of Amendment and fee(s) are submit	ted for filing.	
Please return al	Il correspondence concerning this matter to t	he following:	
	Mizoide Marin	1	
		Name of Person	, , , , , , , , , , , , , , , , , , ,
	Cleaning 4 He	ealth LLC	
		Firm/Company	-
	8934 nw 189t	h Terrace	
		Address	
	Hialeah FL 33	3018	
		City/State and Zip Code	
	cfhcoverall@gmail.c	om e used for future annual re	enort notification)
For firstly info	ormation concerning this matter, please call:	t and for fatare asinguite	port institusionity
		700 00	7 0700
MIZOIO	e Marin	at (786 ₎ 38	37-2796
	Name of Person	Area Code	Daytime Telephone Number
Enclosed is a cl	heck for the following amount:		
□ \$25.00 Fili	ng Fee S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclo	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclose

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

Cleaning 4 Health LLC			
(<u>Name of the Limited Liabili</u> (A Florida	ity Company a Limited Liai	as it now appears on bility Company)	our records.)
The Articles of Organization for this Limited Liability C Florida document number L13000150335	Company w	ere filed on 10/28	8/2013 and assigned
This amendment is submitted to amend the following:	_		
A. If amending name, <u>enter the new name of the lim</u>	ited liabilit	v company here:	
n/a			
The new name must be distinguishable and end with the words "Li	mited Liabilit	y Company," the desig	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	-		
Principal office address MUST BE A STREET ADDI	RESS)	n/a	
	-		
Enter new mailing address, if applicable:	1	n/a	
Mailing address MAY BE A POST OFFICE BOX)	-	Helen Walking	
	-		a 26
	-		26.5
B. If amending the registered agent and/or regis		ce address on ou	r records, enter the name of the n
registered agent and/or the new registered office add	<u>iress here</u> :		
Name of New Registered Agent: Ma	rin,Mizo	ide	
New Registered Office Address: 893	4 nw 18	9th Terrace	
		Enter Florida s	
Hial	eah		, Florida <u>33</u> 018
		Ciţı	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 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
MGRM	Oliva,Mizoide	8934 nw 189 th Terrace	_□ Add
		Hialeah FL 33018	_ Remove
MGRM	Marin,Mizoide	8934 nw 18th Terrace Hialeah FL 33018	_ ■ Add
			Remove
			_ _□ Add
		20 C.	Remove
			_B <mark>Àdd</mark>
		71.	∏,Remove
			_ _□ A dd
			_□ Remove
			- _□ Add
			□ Remove

ective date, if other than the date of filing: offective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after date this document is filed by the Florida Department of State) and January 23 rd Signature of a member or authorized representative of a member	n/a		
date this document is filed by the Florida Department of State) and January 23 rd	· · ·		
ate this document is filed by the Florida Department of State) d January 23 rd 2014			
January 23 rd 2014	to the control of specimen camping of prior to a	date of receipt of these and and call	(optional) of be more than 90 days after
Signature of a member or authorized representative of a member		<u>.</u>	
Signaturs of a member or authorized representative of a member	AM	all	
· · · · · · · · · · · · · · · · · · ·	Signature of a	a member or authorized representat	ive of a member
Mizoide Marin	Mizo	oide Marin	

Page 3 of 3

Filing Fee: \$25.00