113000163456

(Re	equestor's Name)	
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SECRETARY OF STATE

16 JUN 30 PH 1:1

J. HARRIE

COVER LETTER

Division of Corp	orations		
SUBJECT: First U	oice Nationuide ? Name of Limi	Initoral + Main tenur ted Liability Company	re servies. UC
The enclosed Articles of A	mendment and fee(s) are sub-	nitted for filing.	
Please return all correspond	dence concerning this matter t	to the following:	
	Nancy 5	Name of Person	
	First choice Nati	once January Ly Hai	ntenance Service), Ue
	10932 willio	Andress	
	Howey inth	e (HIIS ICL. 3473 City/State and Zip Code	7
	E-mail address: (1	Jne ya hou. Com o be used for future annual report notifi	ication)
For further information con	ncerning this matter, please ca	ıll:	
Nany Sul Name of	Nermerhan Person	at (954) 30 V-3V Area Code Daytime	Telephone Number
Enclosed is a check for the	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)

MAILING ADDRESS:

TO:

Registration Section

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

First Choice Nationwde Janiforial Hundmance senvices, We (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 Liability Co	ompany were filed on	21/2013	ar	nd assi	gned
Florida document number 113000163456					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limit	ed liability company here:				
, <u></u>					
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the desig	nation "LLC" or the al	obreviati	on "L.I	C."
Enter new principal offices address, if applicable:			SEC	9.	
(Principal office address MUST BE A STREET ADDRI			<u> </u>	=======================================	e) }
Time par office address MOST DE ASTREET ADDR	<u> </u>	· · ·	935 935	8	. 1 #
			nig:	32	
Futon man mailing address (6 15 1)			Π (Δ)		
Enter new mailing address, if applicable:			0.55 (#.57) 0.73	<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)				ယ	
					
B. If amending the registered agent and/or registered agent and/or the new registered office addresses agent and/or registered agent and/or the new registered office addresses agent and/or the new registered agent and/or the new registered office addresses agent agent and/or the new registered office addresses agent agen		ır records, <u>enter</u>	the na	ame o	of the new
Name of New Registered Agent:					
New Registered Office Address:					
New Registered Office Address.	Enter Florida	street address			
		, Florida			
W Au James	City		Zip	Code	
New Registered Agent's Signature, if changing Registered	Agent:				
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and co accept the obligations of my position as registered agbeing filed to merely reflect a change in the registered company has been notified in writing of this change.	mplete performance of my ent as provided for in Cha	duties, and I am pter 605, F.S. Or.	familia , if this	r with	n and ment is
	If Changing Registered Agent.	, Signature of New Ro	<u>egisterec</u>	d Agení	

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 = Ma AMBR = Au	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Nancy Schemechon	10932 w.11 rams Ave	Add
	·	Howey in the HAWIFL 34737	🗆 Remove
			☐ Change
MGR	Patricia Schemechen	10932 williams are	Add
		Howey in the Hills H-3473	37 Demove
			Change
			Add
			Remove
		 	Change
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		THE SECOND SECON	Change
		- <u> </u>	Add -
			☐-Remove →
		(A)	ധ □ Change

ective date, if other than the date of filling: officitive date is listed, the date must be specific and cannot be prior to date of filling or more than 90 days after filing.) Pursuant to 6 to g. If the date inserted in this block does not meet the applicable statutory filling requirements, this date will not be liument's effective date on the Department of State's records. record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ear he 90th day after the record is filed. ed Signatury of member or authorized representative of a member Savier Jayo		
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