13000175886

•
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Bootiment Namaer)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



500257896735

03/18/14--01006--006 **25.00

IN TEN 19 TO 9 25

B. BOSTICK
MAR 2 0 2014

FiltreIIMER

COVER LETTER

Division of Corpor	ations			
SUBJECT: CLENER		N CLEANWY SEK	VICES LLC	
The enclosed Articles of Am	endment and fee(s) are subr	mitted for filing.		
Please return all corresponde	nce concerning this matter t	to the following:		
	TANE	Name of Person		
	CENERATION	N CAREN CLEANU Firm/Company	ug services	
	13531 Cop	per Head DR. Address		
	RIVERVIEW	FL 33569 City/State and Zip Code	211	***
_	E-mail address! (t	be used for future annual report notific	ation)	-
For further information conce			U (
TAME WANT	JOH LAISIN	at (813) 957 Area Code Daytime T	8329 G	
Enclosed is a check for the for	ollowing amount:			
\$25.00 Filing Fee E	□ \$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

GENERATION GREEW CLEYNING SERVICET 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 Liability Company were fil	ed on 01 23 20 14 and assigned
Florida document number <u>L13000175 886</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability con	npany here:
The new name must be distinguishable and end with the words "Limited Liability Com	pany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	F.5
	1 31
·	
Enter new mailing address, if applicable:	(£) co
(Mailing address MAY BE A POST OFFICE BOX)	- 1 T
	vi vi
B. If amending the registered agent and/or registered office ad registered agent and/or the new registered office address here:	dress on our records, enter the name of the nev
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	. Florida
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 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	

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	SOLAH S. LAISIN	13531 Copper Head Dr. Riveren PL 33569	Add
			🗆 Remove
			Add
			□ Remove
			☐ Add
			CO
			Add
			□ Remove
			_
			🗖 Add
			☐ Remove
			Add
			□ Remove

•			
tive date, if other than the fective date must be specific, cannute this document is filed by the Fl	date of filing: ot be prior to date of receipt of State)	r filed date and cannot be m	(optional) ore than 90 days after
etive date, if other than the fective date must be specific, can ate this document is filed by the Fl	date of filing: ot be prior to date of receipt orida Department of State)	r filed date and cannot be m	(optional) ore than 90 days after
etive date, if other than the fective date must be specific, can ate this document is filed by the Fl	date of filing: ot be prior to date of receipt of orida Department of State)		(optional) ore than 90 days after
ate this document is filed by the Fl	orida Department of State)		(optional) ore than 90 days after

Page 3 of 3

Filing Fee: \$25.00