



**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: CONCEPCION REYES CLEANING AND MOBILE DET 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:

CONCEPCION REYES  
Name of Person

\_\_\_\_\_  
Firm/Company

3116 MANDOLIN DR. KISSIMMEE FL 34744  
Address

KISSIMMEE FL 34744  
City/State and Zip Code

nievesincometax@bellsouth.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CONCEPCION REYES at (407) 451-7891  
Name of Person Area Code & Daytime Telephone Number

FILED  
2014 JUN 16 AM 9:50  
TALLHASSEE FLORIDA

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:**  
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**

CONCEPCION REYES CLEANING AND MOBILE DET 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 filed on FEBRUARY 07, 2014 and assigned Florida document number L14000021697.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

CONCEPCION REYES CLEANING LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

*(Principal office address MUST BE A STREET ADDRESS)*

3116 MANDOLIN DR

KISSIMMEE FL. 34744

Enter new mailing address, if applicable:

*(Mailing address MAY BE A POST OFFICE BOX)*

3116 MANDOLIN DR

KISSIMMEE FL. 34744

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

Enter Florida street address

\_\_\_\_\_, Florida

City

Zip Code

FILED  
JUN 16 AM 9:50  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**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

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated JUNE 11, 2014

*Concepción Reyes*

Signature of a member or authorized representative of a member

CONCEPCION REYES

Typed or printed name of signee

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Filing Fee: \$25.00

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SECRETARY OF STATE  
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