L14 000022264

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	⇒#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	•
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COVER LETTER

TO: Registration Sect Division of Corpo			
SUBJECT:	Southeast Law Name of Limi	On and House Cleaning ted Liability Company	ng Services, (IC
The enclosed Articles of A	mendment and fee(s) are subm	nitted for filing.	
Please return all correspond	dence concerning this matter t	o the following:	
	Mayra 1	E.Trujillo	
	M	E. Trujillo Name of Person Marie Efrujille	
	ι	Firm/Company	
	76239	Timber creen Blvd.	•
		Address	
	Yulee, 7	City/State and Zip Code and house a gmail. to be used for future annual report notific	
		City/State and Zip Code	0
	Selawn of E-mail address: (to	and house a gmaile	Con eation)
For further information cor	ncerning this matter, please ca		,
Hayra E.		at (912) 227-2	779 Celephone 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:

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

(4.1	,		11.			
The Articles of Organization for this Limited Liabil	lity Company were filed	d on	2/10/2014	and	assigne	ed
Florida document number <u>L14 00002226</u>	<u>4</u>					
This are a decreased as the standard control of the st						
This amendment is submitted to amend the following	ng:					
A. If amending name, enter the new name of the	e limited liability comp	oany here	;			
The new name must be distinguishable and end with the word	ls "Limited Liability Compa	my," the des	signation "LLC" or the	abbreviatio	n "L.L.C	;."
Enter new principal offices address, if applicable	e:					
(Principal office address MUST BE A STREET A	DDRESS)			D		
				ГС.	<u>≥</u>	
					<u> </u>	neepysteep
Enter new mailing address, if applicable:				3SS FWF	က် 🖁	********
(Mailing address MAY BE A POST OFFICE BO)	x)			m _{Ch}	PH	
				10.1		ENLEGE:
				<u> </u>	<u>ज</u>	H-rend
B. If amending the registered agent and/or	registered office addi	ress on o	ur records, <u>ente</u>	> r the nan	ne of t	the nev
registered agent and/or the new registered office	address here:					
Name of New Registered Agent:			<u>. </u>			
New Registered Office Address:						
	E	nter Florida	street address			
			, Florida			
_	City			Zip Co	de	
New Registered Agent's Signature, if changing Regi	stered 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:

<u>Title</u>	Name	Address	Type of Action
	·	•	Add
			□ Remove
AUBR	Eric A. Trufillo	76239 Timbercreek Blod Yulee, 76 32097	
		Yulee, 76 32097	Remove
			SECONORMOVE SECONO
			ASSECTE
			PH LOS 7 Remove
			Z Kemove
			Add
			☐ Remove
			□ Remove

ective effectiv date this	late, if other than the date of filing: date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after document is filed by the Florida Department of State)
date this	document is filed by the Florida Department of State)
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Filing Fee: \$25.00

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SECRETARY OF STATE
TALLAHASSEF, FI ORIDA