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SECRETARY OF STATE
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AUG 2 8 2014 T. BROWN

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	Quality Janite	orial Services LL	c.
	Name of Lim	iited Liability Company	
	•		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Fraki	sco Volero	
		Name of Person	
	Top Q	Puality Tanitorial Firm/Company NW 1595+	Savices UC:
		Firm/Company	
	53.75	NW 15954	FF 4542
		Address	
	Higleon	6, +7. 33014	
		City/State and Zip Code	
	livinginpeace	City/State and Zip Code alf@aff. nef o be used for future annual report n	
	E-mail address: (t	o be used for future annual report in	otification)
For further information co	oncerning this matter, please ca	ili:	
Francisco		at (<u>305</u>) 90	65-0411 0- 305-890-3571 ime Telephone Number
Name of	l'erson	Area Code Dayi	ime Telephone Number
Enclosed is a check for the	e following amount:		
□ \$25.00 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

TALLAHASSEE FLORIDA

Zip Code

Top Quality Janitorial Services 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 3-1/-2014and assigned Florida document number 46-5057248 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Top Quality Janitorial Services L.C. 5375 NW 159 #4542 Higleah, Fl. 33014 Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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

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

City

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
MGR.	Francisco Valero	5375 NW 1595t. #4542 Higheah, FT. 33014	t Add
		Hialeah, FT. 33014	Remove
Marm	Anthony Valero	5610 NW 1785+	Add
		5610 NW 1785+ Miami, Fl. 33055	ERemove
			🗆 Add
			Remove
			_
			□ Add
			Remove
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Effective (date, if other than the date must be specific, cann	date of filing:	8-7-	2014	(optional)
he effective the date this	date must be specific, cann document is filed by the Flo	ot be prior to date of re orida Department of St	ceipt or filed date an ate)	d cannot be more th	an 90 days after
Dated	August	7, 0	2014		
	_				
		Signature of a member	r or authorized tenre	esentative of a mem	her

Page 3 of 3

Filing Fee: \$25.00