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SECRETARY OF STATE
FALLAHASSEE, FLORIE

COVER LETTER

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: Excellent Cleaning Company 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: |
| Justin Frame Name of Person |
| Excellent Cleaning Company LLC |
| 909 Kingsbridge Drive |
| Oviedo, FL 32765 City/State and Zip Code |
| Excellent Cleaning company Zagmail. com E-mail address: (to be used for future ahnual report notification) |
| For further information concerning this matter, please call: |
| Justin Frame at (407) 312-5841 Name of Person Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| \$25.00 Filing Fee \$\times \text{Solutional Copy} \text{\$55.00 Filing Fee & Certificate of Status}\$\$\$ Certificate of Status \$\text{Certified Copy} \text{(additional copy is enclosed)}\$\$\$\$\$\$\$\$ Certified Copy \text{(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

| Excellent Cleaning | Company LLC | | |
|--|---|---------------------------------|----------------------|
| (Name of the Limited Liability (A Florida I | Company as it now appears on our records.) Limited Liability Company) | | |
| The Articles of Organization for this Limited Liability Co Florida document number <u>L\4000042200</u> | empany were filed on March 13, 2014 | and as | ssigned |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limit | ed liability company here: | | |
| The new name must be distinguishable and end with the words "Limi | ited 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 ADDRE | <u></u> | | |
| | | | |
| Enter new mailing address, if applicable: | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | |
| | | | |
| B. If amending the registered agent and/or register | ered office address on our records, enter | r the name | of the nev |
| registered agent and/or the new registered office addre | | | |
| | | AS - | - |
| Name of New Registered Agent: | | <u>- ∑</u> | The suprement |
| New Registered Office Address: | | | TO 14 |
| | Enter Florida street address | SET | χ β |
| | , Florida _ | | <u>₹</u> [11] |
| | City | Zip Code | 5 5 |
| New Registered Agent's Signature, if changing Registered | | | - |
| I hereby accept the appointment as registered agent as provisions of all statutes relative to the proper and con accept the obligations of my position as registered age being filed to merely reflect a change in the registered | mplete performance of my duties, and I am ent as provided for in Chapter 605, F.S. Oi l office address, I hereby confirm that the l | i familiar wi r, if this doc | ith and cument is |
| 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 = Ma $AMBR = Au$ | anager uthorized Member | | |
|----------------------|---|---|----------------|
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
| MGR | Carolyn Frame | 909 Kingsbridge Drive Oviedo, FL 32765 | S Add |
| | | Oviedo, FL 32765 | Remove |
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| | ive date, if other than the date of filing: |
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| he dat | September 5, 2014. |
| he dat | e this document is filed by the Florida Department of State) |

Page 3 of 3

Filing Fee: \$25.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA