# L140000H6386

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B. BOSTICK

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EXAMINER

### **COVER LETTER**

TO: Registration Section **Division of Corporations** A&S Eco Cleaning Solutions, 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: Alberto Rivero Name of Person **A&S Eco Cleaning Solutions IIc** Firm/Company 6618 memorial hwy Address Tampa FI 33615 City/State and Zip Code highsteamcarpet@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Alberto Rivero Name of Person Daytime Telephone Number Enclosed is a check for the following amount: □ \$25.00 Filing Fee ■ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certificate of Status & Certified Copy

**MAILING ADDRESS:** 

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### STREET/COURIER ADDRESS:

Certified Copy

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(additional copy is enclosed)

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A&S Eco Cleaning Solutions, LLC		
(Name of the Limited Liability Company as (A Florida Limited Liabil	it now appears on our records.) ity Company)	
The Articles of Organization for this Limited Liability Company were filed on March 20, 2014 and assigned Florida document number L14000046386		
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 "L.L.C."	
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
	٠, ٠,٠	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	5	
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	address on our records, enter the name of the ne	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Emer Piorud Street address	
<del></del>	, 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 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 **Title** <u>Name</u> **Address Type of Action MGF** Alberto Rivero 6618 Memorial Hwy ■ Add MGRM IAR Tampa FI 33615 □ Remove HELLO, IM DINIBUSMA TOUT MA I TITLE AS A SINGLE OWNER! MEMBER. It is from MGR TO MGRM AS PER LEQUESTED FROM THE BANK. THANK YOU □ Add

☐ Remove

If amending any other information, enter ch	ange(s) here: (Attach additional sheets, if necessary.)
Effective date, if other than the date of filing (The effective date must be specific, cannot be prior to date the date this document is filed by the Florida Department	e of receipt or filed date and cannot be more than 90 days after
Dated April 9	2014
,	Lw
_	nember or authorized representative of a member
Alberto Rivero	_
<del></del>	Typed or printed name of signer

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Filing Fee: \$25.00