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(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	WAIT	MAIL
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(Bu	siness Entity Nar	ne)
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K. SALY EXAMINER JUL - 8 2014

COVER LETTER

TO: Registration Section
Division of Corporations

TAMPA BAY AREA CLEANING 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:

MONIKA D	OME		
	Name of Person		
-	F) (6	·	
	Firm/Company		
5470 E BU	SCH BLVD	#102	
	Address		
TEMPLE T	ERRACE, I	FL 33617	
	City/State and Zip Co	de	
monika.dome@	gmail.com s: (to be used for future anni	ol	
For further information concerning this matter, please	•	iai report nonneauon)	
MONIKA DOME	_a 813	598-5233	
Name of Person	Area Code	Daytime Telephor	ne Number
Enclosed is a check for the following amount:			
□ \$25.00 Filing Fee	□ \$55,00 Filing Fe Certified Copy (additional copy is		\$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



TAMPA BAY AREA CLEANING 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 Compa	ny were filed on 04/01/2014	and assigned
Florida document number L14000054622		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
TAMPA BAY AREA SERVICE LLC		
The new name must be distinguishable and end with the words "Limited L	iability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	5470 E BUSCH BLVD #10	2
(Principal office address MUST BE A STREET ADDRESS)	TEMPLE TERRACE, FL 33	3617
Enter new mailing address, if applicable:	5470 E BUSCH BLVD #10	2
(Mailing address MAY BE A POST OFFICE BOX)	TEMPLE TERRACE, FL 33	3617
		_
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		ter the name of the new
to the state of the new registered office dudition in	<u></u>	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Zitto I to read on the country of	
	, Florida	Zip Code
	<i>5y</i>	Zap Com

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 = M AMBR = A	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
AMBR	SANDOR SZUCS	5004 E FOWLER AVE #20	8_ _{□ Add}
		TAMPA, FL 33617	■ Remove
MGR	MONIKA DOME	5004 E FOWLER AVE #208	 □ Add
		TAMPA, FL 33617	Remove
AMBR	MONIKA DOME	5470 E BUSCH BLVD #10	 2 ■ Add
		TEMPLE TERRACE, FL 3361	7 □ Remove
			— □ Add
			□ Remove
			□ Add
			_□ Remove
			□ Add
			_□ Remove

D.	If amending any oth	er information, enter	change(s) here:	ange(s) here: (Attach additional sheets, if necessary.)	
	- 				
				<u> </u>	
			<u> </u>		
E,	(The effective date must be	er than the date of fil specific, cannot be prior to filed by the Florida Departi	date of receipt or file	d date and cannot be more	than 90 days after
	Dated TEMPLE	TERRACE	06/24/2014	<u>.</u>	
			Mouse	Johne	
	·	Signature of	a member or authori	ized representative of a mo	ember
	MONI	KA DOME			
			Typed or printed	name of signee	

Page 3 of 3

Filing Fee: \$25.00