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COVER LETTER

TO: Registration Sec Division of Corp			
	LEANING SERVICES LLC		
SUBJECT:	Name of Limit	ed Liability Company	
The enclosed Articles of .	Amendment and fee(s) are subm	nitted for filing.	
Please return all correspo	ndence concerning this matter to	o the following:	
	Juan Diaz Aviles		
		Name of Person	
	LILIVET CLEANING SER	VICES LLC	
		Firm/Company	
	PO BOX 570456		
		Address	
	Orlando, FL 32857		
		City/State and Zip Code	
	lilivetcleaning@gmail.com	o be used for future annual report noti	fication)
			, and the second
For further information of	oncerning this matter, please ca		
Lilliana Diaz Ojeda		407 914-6738 at ()	
Name (of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regisi Divisi P.O. E	LING ADDRESS: tration Section on of Corporations Box 6327 tassee, FL 32314	STREET/COUR Registration Section Division of Corpor Clifton Building 2661 Executive C	on trations

Tallahassee, FL 32301

Taliahassee, FL 32314

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

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FILIVET CLEANING SERVICES	Lalat			- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(Name of the Limit	ed Liability Company (A Florida Limited Lia	v as it now appears on our rability Company)	ecords.)	THE PROPERTY OF STATES
The Articles of Organization for this Limited LiFlorida document number L14000062721	ability Company v	vere filed on 04/16/2014		and assigned
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name o	the limited liabil	ity company here:		
The new name must be distinguishable and contain the w	ords "Limited Liabilit	y Company," the designation	"LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applic	able:			
(Principal office address MUST BE A STREE				
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	<u>ΒΟΧ)</u>			<u> </u>
B. If amending the registered agent and registered agent and/or the new registered of New Registered Agent:	ffice address here	:	ecords, <u>en</u>	er the name of the new
New Registered Office Address:	4423 Scenie Lal	e Dr Enter Florida street	address	
	Orlando	Differ 7 To Flat Circon	, Florida	32808
		City		Zip Code
New Registered Agent's Signature, if changing	Registered Agent:			
I hereby accept the appointment as register provisions of all statutes relative to the propaccept the obligations of my position as reg being filed to merely reflect a change in the company has been notified in writing of this	er and complete istered agent as p registered office	performance of my dut provided for in Chapter	ics, and 1 a : 605, F.S.	m jamiliar with and Or, if this document is
	If Char	nging Registered Agent, Sign	nature of New	Registered Agent

or remove	d from our records:	nanage, enter the title, name, and address o	
MGR = 3 AMBR = 3	Manager Authorized Member		
<u>Title</u>	Name	<u>Address</u>	Type of Action
MGR	Juan Diaz Aviles	4423 Scenie Lake Dr Orlando, FL 3	■ Add
			□ Remove
			□ Change
MGR	Lilliana Diaz	4423 Scenie Lake Dr Orlando, FL 3	□ Add
			■ Remove
			☐ Change
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•	n, enter change(s) here: (Attach additional sheets, if necessary.	
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E. Effective date, if other than the d (If an effective date is listed, the date must l Note: If the date inserted in this block document's effective date on the Dep	be specific and cannot be prior to date of filing or more than 90 days and filing k does not meet the applicable statutory filing requirements, this date	(a) Pursuant to 605.0207 (3)(b)
if the record specifies a delayed (b) The 90th day after the reco	effective date, but not an effective time, at 12:01 a.m. rd is filed.	on the earlier of:
Dated March 31st	2018	
	ignature of a member or authorized representative of a member	

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Filing Fee: \$25.00