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(Requ	uestor's Name)	
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(City/	State/Zip/Phone	: #)
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07/28/14--01059--011 **25.00

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: V&NCLE

The enclosed Articles of Amendment
Please return all correspondence con

ivision of Corporations

ECT: V & N CLEANING SERVICE, 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:

	AFRA M MU	JNOZ	
		Name of Person	
	V & N CLEA	NING SERVICE	E, LLC
		Firm/Company	.
	8650 SW 133 AV	E RD BLDG # 7 APT:2	223
		Address	<u>.</u>
·	MIAMI, FL 3	3183	
		City/State and Zip Code	
	E-mail address: (to be used for future annual report noti	fication)
For further information of	concerning this matter, please c	all:	
	· · · · · · · · · · · · · · · · · · ·	at ()	
Name o	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)	☐ \$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

V & N CLEANING SERVICE, 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 Comp.	pany were filed on 05/01/2014 and assigned
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:	8650 SW 133 AVE RD BLDG # 7 APT: 223
(Principal office address MUST BE A STREET ADDRESS	MIAMI, FL 33183
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registere registered agent and/or the new registered office address	8650 SW 133 AVE RD BLDG # 7 APT: 223 MIAMI, FL 33183 d office address on our records, enter the name of the new here:
Name of New Registered Agent: AFRA	M MUNOZ
New Registered Office Address: 8650 S	W 133 AVE RD BLDG # 7 APT: 223
Thew Registered Office Address.	Enter Florida street address
MIAMI	, Florida 33183 Zip Code
	City Zip Code
New Registered Agent's Signature, if changing Registered Ag	ent:
provisions of all statutes relative to the proper and compaccept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	agree to act in this capacity. I further agree to comply with the lete performance of my duties, and I am familiar with and as provided for in Chapter 605, F.S. Or, if this document is fice address, I hereby confirm that the limited liability Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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
<u>VP</u>	LAURA M NARVAEZ	8500 SW 133RD AVENUE ROAD	□ Add
		APT 118	■ Remove
		MIAMI, FL 33183	_
MGR	AFRA M MUNOZ	8650 SW 133 AVE RD	■ Add
-		BLDG # 7 APT: 223	□ Remove
		MIAMI, FL 33183	_
MGR	MATEO BOTERO	8650 SW 133 AVE RD	= Add
	·	BLDG # 7 APT: 223	_□ Remove
		MIAMI, FL 33183	_
			_□ Add
			_□ Remove
			Add
			_□ Remove
		ੈ ਹੈ	
			_□ Add
			_□ Remove

	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.) EASE MAKE THE FOLLOWING CORRECTION THE LAST NAME OF MUA+OZ TO MUNOZ
A	LSO CORRECTION THE ADDRESS AND TITLE
_	
	e date, if other than the date of filing: NONE (optional) ve date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after his document is filed by the Florida Department of State)
Dated <u>J</u>	Vouse Hours Man
(LAURA M NARVAEZ & AFRA M MUNOZ
	Typed or printed name of signee

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Filing Fee: \$25.00