

L14000076256

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

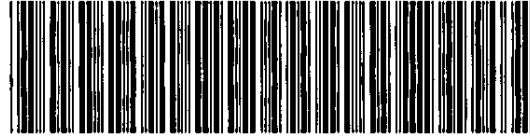
(Business Entity Name)

(Document Number)

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

J. Shivers JUN 10 2014

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: All in one cleaning & lawn 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:

April Cargill
Name of Person

All in one cleaning & lawn service "LLC"
Firm/Company

1316 Lambell Ave
Address

Jacksonville, FL 32205
City/State and Zip Code

Aprilcargill89@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

April Cargill at (904) 802-4132
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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**

All in one cleaning & lawn 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 Company were filed on _____ and assigned Florida document number 114000076256.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

April Cargil

New Registered Office Address:

1316 Lambal Ave
Enter Florida street address

Jacksonville, Florida 32205
City Zip Code

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.

April Cargil
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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Alexander wiggins	4039 Katanya Dr S	<input type="checkbox"/> Add
		Jax, FL 32209	<input checked="" type="checkbox"/> Remove
MGR	powener April cargill	1316 lamdol Ave	<input checked="" type="checkbox"/> Add
		Jacksonville, Florida 32205	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove

SHOW UP AT THE
 FALL MEETING, FLORIDA
 14 JUN - 1900
 AM 11:59
 2011 JUN 14

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated _____

April Cargill

Signature of a member or authorized representative of a member

April Cargill

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

STATE OF FLORIDA
TALLAHASSEE, FLORIDA
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2011