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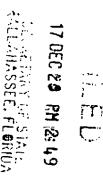
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## **COVER LETTER**

Division of Cor	porations				
Kingston C SUBJECT:	ommercial Cleaning LLC				
SOURCE:	Name of Lim	ited Liability Company	<del></del>		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	Paul O'Connor				
		Name of Person			
Firm/Company					
	14229 Gold Bridge Dr				
		Address	·		
	Orlando, Fl 32824				
	· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	<del>-</del>		
	poconnor@kingstonclean.co	om			
	E-mail address: ()	to be used for future annual report notific	ation)		
For further information of	oncerning this matter, please co	all:			
Paul OConnor		407 625-9598			
Name o	f Person	at () Area Code Daytime 7	Telephone Number		
Enclosed is a check for th	ne 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

TO:

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

Kingston Commercial Cleaning LLC		
( <u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited Liability Comp.	any were filed on 05/15/2014	and assigned
his amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of</u> the limited l	liability company here:	
RCL Maintenance LLC		
he new name must be distinguishable and contain the words "Limited L	iability Company." the designation "LLC" c	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	<u> </u>	
		<u> </u>
Enter new mailing address, if applicable:		DEC AHA
Mailing address MAY BE A POST OFFICE BOX)		SS SS
		T 22 177
		5 B
3. If amending the registered agent and/or registered	d office address on our records,	enter the name of the n
egistered agent and/or the new registered office address	<u>here</u> :	), <b>W</b>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
		ida
	City	Zin 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.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member Address **Type of Action** Name Title \_D Add \_□ Remove \_□ Change □ Add ☐ Remove 🗆 🖰 ange □ Add ☐ Remove ☐ Change  $\square$  Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change

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	SS	29
	J. (2)	70 34
fective date, if other than the date of filing:	Ell not b	605.03 605.03 605.03
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. The 90th day after the record is filed.	on the	earlier
ned <u>December 20</u> . 2017.		
Signature of a member or authorized representative of a member		_
Paul O'Connor		
Typed or printed name of signee		

Page 3 of 3

Filing Fee: \$25.00