## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

Enom:

Account Name : LEGALZOOM.COM INC.

Account Number : 120010000062 Phone

: (323) 962-8600

Fax Number

: (323)962-3889

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address:

### LLC AMND/RESTATE/CORRECT OR M/MG RESIG LD CLEANING SOLUTIONS LLC

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AUG 2 8 2014

T. HAMPTON

8/26/2014

# COVER LETTER

TO:	Registration Section Division of Corpor						
Gubi	LD Cleaning	Solutions LLC					
SUBJI		Name of Limite	d Liability Company itted for filing.				
Please	return all corresponde	ence concerning this matter to	the following:				
		Cheyenne Moseley	·••	•	"		
		Legalzoom.com, Inc.	Name of Person				
		100 W. Broadway Suite I	Finn/Company				
· · · ·		Glendale, CA 91210	Address				
For fu		lester05@live.com	City/State and Zip Control be used for future and		он)		
•	a Vasquez		323	962-8600 ext 7	950		
<del></del>	Name of Pe	rrson	at.() Area Code	Duytime Te	lephone Number	Γ ' ·	
	ed is a check for the 1	following amount:  \$\Boxed{\subseteq} \$30.00 \text{ Filing Fee & Certificate of Status}	S55.00 Filing F		□ \$60.00 Fi Centifica	ling Fee, te of Status &	
• • •			(additional copy i	s enclosed)	Centified (additional	l Copy   copy is enclosed)	
	Registration of Division of P.O. Box	G ADDRESS: on Section of Corporations 6327 ee, FL 32314	Regi Divis Clift 2661	EET/COURTER stration Section sion of Corporatio on Building Executive Center hassee, FL 32301	ns Circle		

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

			AUG.
LD Cleaning Solutions LLC			35 2 m
(Name of the Limited Liability Co	mpany as it now appear	's on our records.)	March 1
(A rionua lam	iled Liability Company)	. `	mg 👱
The Articles of Organization for this Limited Liability Comp	pany were filed on $\frac{5/2}{2}$	28/2014	and assigned
Florida document number 114000085607			<b>6</b> 136
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company be	<u>:re</u> :	
		• • • • • • • • • • • • • • • • • • • •	
The new name must be distinguishable and end with the words "Limited	Liability Company," the	designation "LLC" or th	e abbreviation "L.L.C."
The trees ritteries driver of anymode from a few states of a 1100 cm. The manuscript	The state of the s		
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS	<u>5)</u>		
	. •		
	,		
Enter new mailing address, if applicable:		المنطقة التي منطقة الله المياسي المنظمية التي المنطقة التي المنطقة التي المنطقة التي المنطقة التي المنطقة التي	
(Mailing address MAY BE A POST OFFICE BOX)	·		
	· · · · · · · · · · · · · · · · · · ·	****	
	· · · · · · · · · · · · · · · · · · ·		
B. If amending the registered agent and/or registere	d office address or	our records, ente	er the name of the ne
registered agent and/or the new registered office address			,
Name of New Registered Agent:			
Name Damingan & OCC on Address			
New Registered Office Address:	Enter Flo	rıda street address .	,
		***	
	City	, Florida _	Zip Code
	City		Lip Cine

#### 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

MGR = AMBR =	Manager Authorized Member	
<u>l'itle</u>	Name Address	Type of Action
AMBR	Diana Isunza 3008 36th Avc. W.	□ Add
	Bradenton, FL 34205	<b>☑</b> Remove
		***
		□ Remove
•		
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	D. C.	Remove.
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If amending any o	ther information, ente	r change(s) here: (Atta	ch additional sheets, i	if necessary.)
Effective date, if o	ther than the date of fi	ling:		(optional)
(The effective date must the date this document	be specific, cannot be prior to is filed by the Florida Depart	o date of receipt or filed date ( ment of State)	and cannot be more than 90	) days after
Dated 8/23		2014		
		1		
	A data	Lester Lechlei		

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Filing Fee: \$25.00

Typed or printed name of signee

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SECOL ASSEE FLORIDA