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## **COVER LETTER**

TO: **Registration Section Division of Corporations** 

J&M Cleaning Services of Sarasota

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:

Margie Lane Name of Person J&M Cleaning Services of Sarasota Firm/Company 5342 Clark Rd Ste #135 Address Sarasota, FL 34233

City/State and Zip Code

JMcleaningservicessarasota@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

 $_{at}\underbrace{\frac{941}{\text{Area Code}}}_{\text{Daytime Telephone Number}}\underbrace{\frac{915\text{-}1048}{\text{Daytime Telephone Number}}}$ Margie Lane Name of Person

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

Jaivi Cleaning Services of Sarasot			
( <u>Name of the Limited Liability</u> (A Florida I	Company as it now appears on our records.) Limited Liability Company)		
The Articles of Organization for this Limited Liability Co Florida document number L14000136564	mpany were filed on <u>09/02/2014</u>	and assign	ned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ed liability company here:		
All About You Home Care and Companion Se	ervice, LLC		
The new name must be distinguishable and end with the words "Limi	ted 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 ADDRE	<u> </u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registe registered agent and/or the new registered office addre		_C •	the new
		OCT RET	, , , , , , , , , , , , , , , , , , ,
Name of New Registered Agent:		385.7 A	AND FAME
New Registered Office Address:		T = <b>3</b>	FTI_
	Enter Florida street address	E S	ۇ <del>دىرىن</del> ئىرىنى
····	, Florida	RA 2	
	City	Zip Code	

## New Registered Agent's Signature, if changing Registered Agent:

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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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address Type of Action
President	Marjorie Lane	5342 Clark Rd Ste# 135 ■ Add
		Sarasota, FL 34233
MGR	Jeffrey Lane	5342 Clark Rd Ste #135
		Sarasota, FL 34233
Vice President	Jeffrey Lane	5342 Clark Rd Ste #135 <sub>■ Add</sub>
		Sarasota, FL 34233
		SECRETION OF STATE ORIGINAL LORIDA
		Remove
<del></del>		Add

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e effective date must be specific, cannot be prior to	date of receipt or filed date and cannot be more than 90 days after
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Filing Fee: \$25.00

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