114000148658

| (Re | equestor's Name) | |
|-------------------------|--------------------|---------------------------------------|
| (Ac | ldress) ~ | · · · · · · · · · · · · · · · · · · · |
| (Ac | ldress) | |
| (Ci | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | usiness Entity Nan | ne) |
| (Do | ocument Number) | <u> </u> |
| Certified Copies | Certificates | of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
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| | | |

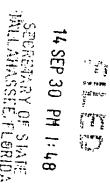
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Office Use Only



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09/30/14--01004--010 **25.00



COVER LETTER

| Division of Cor | | s · · · · | • |
|---------------------------|--|---|---|
| _{сивјест:} Resid | clean, LLC | | |
| | Name of Lim | ited Liability Company | |
| | | | |
| he enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| lease return all correspo | ondence concerning this matter | to the following: | |
| | Kay-ce Adaı | | |
| | | Name of Person | |
| | Resiclean, L | .LC | |
| | | Firm/Company | |
| | 23051 Eagle | es Watch Dr | |
| | | Address | |
| | Land O Lake | es, FL 34639 | |
| | | City/State and Zip Code | |
| | Lynn@resiclean. | | |
| | E-mail address: (| to be used for future annual report notifi | ication) |
| or further information of | concerning this matter, please c | all: | |
| | | | |
| Name o | of Person | at () Area Code Daytime | 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) |
| | W.G. (DDDDGG | | |

MAILING ADDRESS:

TO:

Registration Section

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

| y as it now appears on our records.) ability Company) yere filed on 9-22-14 ity company here: ity Company," the designation "LLC" or the | and assigned |
|--|--|
| vere filed on 9-22-14 ity company here: ity Company," the designation "LLC" or the | v |
| ity Company," the designation "LLC" or the | abbreviation "L.L.C." |
| ity Company," the designation "LLC" or the | abbreviation "L.L.C." |
| | abbreviation "L.L.C." |
| | abbreviation "L.L.C." |
| | |
| 23051 Eagles Watch Dr | |
| Land O Lakes, FL 34639 | |
| | |
| | |
| ice address on our records, <u>ente</u> | r the name of the n |
| Enter Florida street address | R R |
| , Florida | Zip Code |
| | E A a |
| | ce address on our records, enter Enter Florida street address |

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

| Title CEO | Joseph Eagan | Address 23051 Eagles Watch D Land O Lakes, FL 34639 | |
|--------------|--------------|---|--------------------|
| CEO | Kay-ce Adams | 23051 Eagles Watch Di | |
| | | | □ Add □ Remove |
| | | A STATE OF COLUMN AND | Add |
| | | SSEE FILORIDA | Add Remove |
| | | | □ Add _□ Remove |

| amending any other information, enter change(s) here: (Attach add | anonai sneeis, y necessary. |
|--|--|
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| etive date, if other than the date of filing: ffective date must be specific, cannot be prior to date of receipt or filed date and can ate this document is filed by the Florida Department of State) | (optional) not be more than 90 days after |
| September 26 2014 | |
| | |
| MAA | |
| Signature of a member or authorized represents Kay-ce Adams | ative of a member |

Page 3 of 3

Filing Fee: \$25.00

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SECRETARY OF STATE