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TALLAHASSEE, FECTOR

APR 13 2016 S. YOUNG

## **COVER LETTER**

TO: Registration Section
Division of Corporations

SUBJECT:	COMMERCIAL CLEANING 8	& MAINTENANCE SERVICES LLC	
<del></del>	Name of Limi	ted Liability Company	
	of Amendment and fee(s) are subsepondence concerning this matter	-	
	iVE	TTE ALERS	
		Name of Person	
	COMMERCIAL F	ACLITY MAINTENANCE FLORII	DA LLC
		Firm/Company	
		PO BOX 5145	3
		Address	
		HUDSON FL 34667	
		City/State and Zip Code	
		@OUTLOOK.COM	· · · · · ·
		to be used for future annual report notific	cation)
For further informatio	n concerning this matter, please ca	all:	
IVETTE ALERS		407 455-4040 at ()	
Nair	ne of Person	Area Code Daytime	Telephone Number
Enclosed is a check for	or 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

COMMERICAL CLEANING & MAINTENANCE SERVICES LLC

(Name of the Limited Liabil (A Florid	lity Company as it now appears on our records.) la Limited Liability Company)	<del></del>
The Articles of Organization for this Limited Liability (Florida document number L14000185408	Company were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
COMMERCIAL FACILITY MAI	NTENANCE FLORIDA LLC	,
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:		- In the second
(Principal office address MUST BE A STREET ADD	ORESS)	
•		
Enter new mailing address, if applicable:	<del></del>	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		the name of the new
Name of New Registered Agent:		
New Registered Office Address:	r rl. 1	
	Enter Florida street address	
	, Florida	7: 0.1
	Citv	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.

If Changing Registered Agent, Signature of New Registered Agent

Wamending 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 **Title** <u>Name</u> **Address Type of Action** □ Add ☐ Remove ☐ Change \_□ Add ☐ Remove □ Add-□ Remove ☐ Change \_□ Add □ Remove \_□ Change

Change

Change

Change

Change

Add

Remove

Change

Change

Change

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Filing Fee: \$25.00