

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000311848 3)))



H180003118483ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : NUEVA VIDA ACCOUNTING CORP.  
Account Number : I20150000017  
Phone : (305)752-7505  
Fax Number : (305)752-4409

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

Email Address: nuevavida.corp@hotmail.com

SECRETARY OF STATE  
TALLAHASSEE, FL

2018 OCT 29 AM 9:27

FILED

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
L&L CLEANING SERVICES LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

OCT 30 2018

S. PRATHER

Electronic Filing Menu

Corporate Filing Menu

Help

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**L&L CLEANING SERVICES, LLC**

(Name of the Limited Liability Company as it now appears on our record.)  
(A Florida Limited Liability Company)

**FILED**  
2018 OCT 29 AM 9:27  
SECRETARY OF STATE  
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on February 16, 2015 and assigned

Florida document number L15000029091

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

*The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC," or the abbreviation "L.L.C."*

Enter new principal office address, if applicable:

*(Principal office address **MUST BE A STREET ADDRESS**)*

Enter new mailing address, if applicable:

*(Mailing address **MAY BE A POST OFFICE BOX**)*

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent Mercedes D. Lopez Mero  
*Enter name of New Registered Agent*

New Registered office Address: 290 NW 109 Avenue, Apt 103  
*Enter Florida street address*

Miami 33172  
*City 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 and 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*

C. 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Mercedes D. Lopez Mero	290 NW 109 Avenue, Apt 103 Miami, FL 33172	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	Luis M. Diaz	290 NW 109 Avenue, Apt 103 Miami, FL 33172	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary).

---

---

---

---

---

---

---

---

---

---

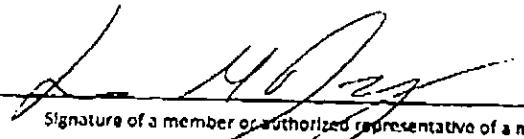
---

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90<sup>th</sup> day after the record is filed.

Dated October 26<sup>th</sup>, 2018

X   
Signature of a member or authorized representative of a member

Luis M. Diaz

Typed or printed name of signee

**FILED**  
2018 OCT 29 AM 9:27  
SECRETARY OF STATE  
TALLAHASSEE, FL