

L15000031443

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

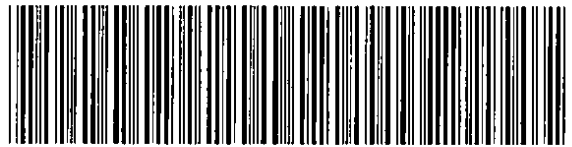
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TALLAHASSEE, FL

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R. HUNT

06/15/23

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LIMPIO CLEANING SOLUTIONS LLC

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:

ALFREDO MERCADO

Name of Person

PRIME TAX SOLUTIONS LLC

Firm/Company

50 N LAURA ST STE 2500

Address

JACKSONVILLE, FL 32202

City/State and Zip Code

FREDO@PRIMETAXJAX.COM

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

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2008 JUN 15 PM 7:01
TALLAHASSEE, FL

For further information concerning this matter, please call:

ALFREDO MERCADO

904 729-0372
at ()

Name of Person

Area Code

Daytime Telephone Number

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

LIMPIO CLEANING SOLUTIONS LLC

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

The Articles of Organization for this Limited Liability Company were filed on 02/20/2015 and assigned
Florida document number L15000031943.

This amendment is submitted to amend the following:

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

LCS STAFFING LLC

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 offices address, if applicable:

9770 OLD BAYMEADOWS RD STE 105

(Principal office address MUST BE A STREET ADDRESS)

JACKSONVILLE, FL 32256

Enter new mailing address, if applicable:

9770 OLD BAYMEADOWS RD STE 105

(Mailing address MAY BE A POST OFFICE BOX)

JACKSONVILLE, FL 32256

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:

New Registered Office Address:

Enter Florida street address

Florida

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 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 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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

CLERK OF STATE
TALLAHASSEE, FL
JAN 15 PM 7:01
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2023-11-15 PM 7:01
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LA TAISSSEE.FL

ED

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.

Dated MAY 5, 2023

MANUEL HURTADO

Typed or printed name of signee

Filing Fee: \$25.00