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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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D. BRUCE JUL 31 2017

COVER LETTER

TO: Registration Se Division of Cor			
	S HOME CARE LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	HUMBERTO FARIAS SO	OBRINHO	
		Name of Person	_
	SPOTLESS HOME CARE	ELLC	
	_		
		Address	_
	ORLANDO, FL 32811		
		City/State and Zip Code	— <u> </u>
For further information c			
HUMBERTO FARIAS	SOBRINHO	407 955-7808 at ()	
Name o	f Person	Area Code Daytime Telephone Numb	er . نب
Enclosed is a check for the	ne following amount:		,
\$25.00 Filing Fee & Certificate of Status		(additional copy is enclosed) Certifie	Filing Fee. cate of Status & ed Copy nal copy is enclosed)
MAIL	ING ADDRESS:	STREET/COURIER ADDRESS:	

Registration Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SPOTLESS HOME CARE LLC					
(<u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on our recor Limited Liability Company)	<u>ds.</u>)			
The Articles of Organization for this Limited Liability Company were filed on 03/02/2015 Florida document number L15000038145		and a	and assigned		
This amendment is submitted to amend the following:					
orida document number L15000038145 his amendment is submitted to amend the following: 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." Inter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)					
The new name must be distinguishable and contain the words "Limitation of the contain the contain the words "Limitation of the contain th	ited Liability Company," the designation "LL	C" or the abbr	eviation "	L.L.C."	
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDR	RESS)				
		·	2)		
		<u> </u>		7	
Enter new mailing address, if applicable:		· ·		<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)		- 	ر. ۱	<u>:</u> .	
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			7.7	-	
		ls, <u>enter tl</u>	ie] ñam	e of the nev	
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida street addre	·55			
	, F	lorida			
	City		Zip Cod	le	

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>	Address	Type of Action
MGR	RODRIGO CALDEIRA CAVALHEIRO	705 SANDY BAR DRIVE	■ Add
		WINTER GARDEN, FL 34787	☐ Remove
			Change
			Remove
			Change
			Add
			☐ Remove
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ective date, if other than effective date is listed, the da	te must be specific	and cannot be pri	or to date of i	iling or more th	optio (optio an 90 davs after	filing.) Pursuar	nt to 605.0)2O.
te: If the date inserted in t cument's effective date on	his block does no	ot meet the appl	icable statut	ory filing req	uirements, this	date will not	be listed	i a:
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record specifies a del The 90th day after the	ayed effective record is file	e date, but r d.	not an effe	ective time,	at 12:01 a	.m. on the	earlier	r o
ted		2017	·					
	in H							

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00