115000051369

(Requestor's Name)
(Address)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Basiliess Elini, Halle)
(Document Number)
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COVER LETTER

Division of Co	orporations
Oceanside SUBJECT:	e Office Cleaning LLC
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Name of Limited Liability Company
The enclosed Articles of	of Amendment and fee(s) are submitted for filing.
Please return all corresp	pondence concerning this matter to the following:
	Eric J. Olson
	Name of Person
	Oceanside Office Cleanig LLC
	Firm/Company
	221 colony way west
	Address
	Jupiter F1, 33458
	City/State and Zip Code
	Arok89@gmail.com
	E-mail address: (to be used for future annual report notification)
For further information	concerning this matter, please call:
Eric J. Olson	561 339-3167 at () Area Code Daytime Telephone Number
Name	e of Person Area Code Daytime Telephone Number
Enclosed is a check for	the following amount:
■ \$35,00 Filing Fee	☐ \$30.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)

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, Ft. 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Oceanside Office Cleaning 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 Lia Florida document number 115000051369	bility Company	were filed on $\frac{3/22/15}{}$	and assigned	
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of	he limited liab	ility company here:		
The new name must be distinguishable and contain the wo	rds "Limited Liabi	lity Company," the designation "	'LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		221 Colony way west		
(Principal office address MUST BE A STREET ADDRESS)		Jupiter FL, 33458		
		221 Colony way west		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				
		Jupiter FL, 33458		
B. If amending the registered agent and/o registered agent and/or the new registered offi Name of New Registered Agent: New Registered Office Address:		<u>e</u> :		
		Enter Florida street ac	ldress	
	Jupiter		, Florida <u>33458</u>	
		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>	Address	Type of Action
AMBR	Marlene Olson	221 Colony way west Jupiter FL,33	
			■ Remove
			☐ Change
			□ Add
			Remove
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			Add Signature Ad
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			☐ Remove
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			☐ Change

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	tive date, if other than the date of filing: 7/1417 (0-29-4017 (optional)
Note:	tive date, if other than the date of filing: \(\frac{7/147}{\text{O} - 99 \text{GOIII}}\) (optional) fective 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) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
(b) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	Marlene Olson
	Signature of a member or authorized representative of a member
	Marlene Olson

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 30, 2017

OCEANSIDE OFFICE CLEANING L.L.C. ERIC J. OLSON 221 COLONY WAY WEST JUPITER, FL 33458

SUBJECT: OCEANSIDE OFFICE CLEANING L.L.C.

Ref. Number: L15000051369

We have received your document for OCEANSIDE OFFICE CLEANING L.L.C. and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Salv Regulatory Specialist II

Letter Number: 517A00013375