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K.SALY EXAMINER FEB - 3

## **COVER LETTER**

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		of Corporations'
SURIFC'	A&B	Cleaning Concepts LLC
SUBJEC	''	Name of Limited Liability Company
The enclos	sed Artic	les of Amendment and fee(s) are submitted for filing.
Please reti	urn all co	rrespondence concerning this matter to the following:
		Alma Navaruiz
		Name of Person
		A&B Cleaning Concepts LLC
		Firm/Company
		7315 NW 83rd Ave
		Address
		Tamarac Florida 33321
		City/State and Zip Code
		alma.navaruiz@gmail.com
		E-mail address: (to be used for future annual report notification)
For furthe	r informa	ation concerning this matter, please call:
Alma Nav	varuiz	954 918-8348 at ( )
	1	Name of Person
Enclosed		k for the following amount:
□ \$25.00	0 Filing I	Tee \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)
	F 1 F	MAILING ADDRESS:  Registration Section  Division of Corporations  O. Box 6327  Callahassee, FL 32314  STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle

2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

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TER.	
<u> </u>	PK 12: L

A&B Cleaning Concepts

( <u>Name of the Limited Liability Compa</u> (A Florida Limited l	iny as it now appears on our Liability Company)	records: ILLAHASSE OF STAN
The Articles of Organization for this Limited Liability Company Florida document number L15000057128		4-11D15
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ollity company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	7315 NW 83rd Ave	
(Principal office address MUST BE A STREET ADDRESS)	Tamarac Florida 33321	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	ffice address on our r <u>e</u> :	records, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	t address
_ <del></del>		, 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>	Address	<b>Type of Action</b>
MGR	Raysor Bonnie J	7315 NW 83rd Ave Tamarac F1 33:	Add
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		01/25/2016			
<b>ective date, if other t</b> n effective date is listed, the	nan the date of filed date must be specificate	ling:and cannot be prior t	to date of filing or mor	(option of the common of	inal) filing.) Pursuant to 605.0
te: If the date inserted in cument's effective date of	n this block does no	ot meet the applica	ble statutory filing	requirements, this	date will not be listed
		• •			
record specifies a ( The 90th day after (			t an effective tir	ne, at 12:01 a	i.m. on the earlier
, 01/25/2016					
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		M/M 1			

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Typed or printed name of signee

Filing Fee: \$25.00