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SECRETARY OF STATE

AUG 1 4 2015

3 MASON

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: TENNANT	Name of Limited Liability Company	-
The enclosed Articles of Amendment and	fee(s) are submitted for filing.	
Please return all correspondence concern	ing this matter to the following:	
Gin	Name of Person	
TENNA	Firm/Company	A IMPERIAL MAID SERVICE
<u>8421</u>	SOUTH ORANGE BLOSSON Address	TRAIL, SLITE 105.
Olip	City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
IMPER	-mail address: (to be used for future annual report not	too. COM diffication)
For further information concerning this m	natter, please call:	
GLUAN TENNAM	at (321) 441 Area Code Daytin	4 SSZS ne Telephone Number
Enclosed is a check for the following amo	ount:	a-).
\$25.00 Filing Fee □ \$30.00 Fil Certifica	ing Fee & S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

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, FL 32301

ARTICLES OF	FAMENDMENT
•	
ARTICLES OF	
	OF
	SSE G
TENNANT ENTERPRIS	pany as it now appears on our records.)
(A Florida Limited (A Florida Limited)	pany as it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Compan	ny were filed onOU/83/15 and assigned
Florida document number <u>L150005923</u> 1	·
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	shility company here:
A. If amending name, enter the new name of the named na	ibinty company nere.
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or the abbreviation "L.L.C."
	_
Enter new principal offices address, if applicable:	8421 S. ORANGE BLOSSOM TRAIL
(Principal office address MUST BE A STREET ADDRESS)	SLITE 105
	ORIANDO FL, 32809
Enter new mailing address, if applicable:	8421 S. DRANGE BLOSSOM TRAIL
(Mailing address MAY BE A POST OFFICE BOX)	SUME 105
	ORIANDO FL 32809
	office address on our records, enter the name of the new
registered agent and/or the new registered office address h	<u>ere</u> :
Name of New Registered Agent: (7100	TUANNOT UAL
New Registered Office Address: 8L121	SOUTH ORANGE BLOSSOM TRAIL, SUITE Enter Florida street address
OPI	ANDO , Florida 32809 City Zip Code
No. 20 of the state of the stat	-1.

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>	Name	Address	Type of Action
MGR	GILLAN TENNANT	1079 WMORSE BLUD	Add
		WINITER PARK, FL, 32789	1 markethoris
			Change
MGR	GILLIAN TENNANT	SUITE 8421 S. ORANGE BLOSSON TRAIL	
		ORLANDO, FL, 32809	□ Remove
			Change
,			🗆 Add
			☐ Remove
			☐ Change
			□ Add
			C Remove
			Change
			Add
			□ Remove
		SECRETARY OF	Change
**************************************		SSEE GF	Add
		F STATE FLORIDA	□ Remove
			Change

GILLIAN TENNANT 8421 S. ORANGE BLOSSOM TRAIL SUITE 108 ORLAND, FL, 32809 THIS INFORMATION APPLIES TO SICTICIOUS NAME - IMPERIAL MAID SERVICE REGISTRATION NUMBER GISOOOLLOZZ9 PLEASE AMENTA THANKS THANKS THOUGH date inserted in this block does not meet the applicable statutory filing requirements, this date will not be not seffective date on the Department of State's records.	PLE	ISE AMEND	to ALLOW	ONLY		
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Signature of a member or authorized representative of a member 3	ective date If the da	is listed, the date must be specific e inserted in this block does no	and cannot be prior to date of meet the applicable st	of filing or more than 90 d	_ (optional) ays after filing.) ints, this date v	Pursuant to 6
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Filing Fee: \$25.00