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COVER LETTER

Div	ision of Cor	porations	:	
SUBJECT:	Electrone B	anking Systems Company LL	С	
SOBJECT.	-	Name of Lim	ited Liability Company	
The enclosed	l Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspoi	ndence concerning this matter	to the following:	
		Stuart Thorn		
		- /	Name of Person	
		Electrone Banking System	s Company LLC	
			Firm/Company	
		129 NW 13th St D - 21	, ,	
			Address	
		Boca Raton FLORIDA 33	432	
		sthorn@sthorn.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report notif	ication)
For further in	formation co	oncerning this matter, please ca	all:	
Stuart Thorn			561 3953398 at ()	
_	Name of	Person	Area Code Daytimo	: Telephone Number
Enclosed is a	check for the	e following amount:		
□ \$25.00 Fi	iling 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:

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, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Electrone Banking Systems Company 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 \$17 April 2015 and assigned Florida document number _____115000073817 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: DVE Janitorial 2018 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: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 _ 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

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being ad or removed from our records:

MGR = N $AMBR = A$	lanager authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			D Add
			☐ Remove
			Change
			Add
			Remove
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			🗆 Remove
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(If an effect <u>Note:</u> If	e date, if other than the date of filing:
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: Oth day after the record is filed.
Dated	26 Feb 2019
	Signature of a member or authorized representative of a member
	Stuar Thorn

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Filing Fee: \$25.00