LIS000075313

(Re	questor's Name)				
(Ad	dress)				
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PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Nar	ne)			
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to	Filing Officer:				





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SECRETARY OF STATE

WAP 5/13/15

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THAN Cleaning Services, UC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANTONIO DIEGO DOMINGO

Name of Person

Juan Cleaning Services, Uc

Firm/Company

415 North D Street

Address

Lake Worth, FL 33460.

City/State and Zip Code

For further information concerning this matter, please call:

Enclosed is a check for the following amount:

Name of Person

\$25.00 Filing Fee

□ \$30.00 Filing Fee & Certificate of Status

□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)

Area Code

E-mail address: (to be used for future annual report notification)

□ \$60.00 Filing Fee, 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:

Daytime Telephone Number

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Juan	cleani	ng Senices.					
(Name of the Limited	Liability Compa Florida Limited I	ny as it now appears on our records.) Liability Company)					
The Articles of Organization for this Limited Lial Florida document number <u>LI5000075</u>	bility Company	were filed on 4 25 201	5 and assigned				
This amendment is submitted to amend the follow	ving:						
A. If amending name, <u>enter the new name of t</u>	he limited liab	ility company here:					
NA			•				
The new name must be distinguishable and contain the wor	ds "Limited Liabil						
Enter new principal offices address, if applicat	ole:	415 North "D" street					
(Principal office address MUST BE A STREET ADDRESS)		Lake Worth, F	1 33460				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE Bo	<u>0X)</u>	415 North 's	street FL 33460.				
B. If amending the registered agent and/or registered agent and/or the new registered officers.			enter the name of the new				
Nove (N) D	41 /	A -					
Name of New Registered Agent:	N/						
New Registered Office Address:		B. Br. H.					
	.1/^	Enter Florida street address	•				
•	N/A	·, Flori	ida				
Non-Paristand A. A. Cl., A. Cl., A. C.		City	Zip Code				
New Registered Agent's Signature, if changing Re			<u> </u>				
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as registe being filed to merely reflect a change in the recompany has been notified in writing of this ch	and complete ered agent as p gistered office	performance of my duties, and provided for in Chapter 605, F	I am familiar with and S. Or, if this document is the limited liability				
			U 4: 26				
	If Char	iging Registered Agent, <u>Signature of N</u>	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						
	N/A								
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effective d	te, if other that late is listed, the da	te must be specifi	ic and canno	ot be prior to da	ate of filing	or more than 9	(optiona days after filin	ig.) Pursuant to 6	505.0
: If the	date inserted in the frective date on the	his block does	not meet tl	he applicable	statutory	iling require	ments, this dat	te will not be li	isted
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Filing Fee: \$25.00