

## Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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To:

Division of Corporations

Fax Number : (850)617-6383

Account Name : TRUCKING PERMITS AND MORE LLC

Account Number: 120140000047

Phone : (813)774-4726

Fax Number

: (813)774-4726

Enter the email address for this business entity to be used for future Dannual report mailings. Enter only one email address please.\*\* (型型mail Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

## F&D CLEANING SERVICES LLC

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 04      |
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Corporate Filing Menu

Help JUN 0 5 2015

06/04/15

## **COVER LETTER**

| TO: Registration Se<br>Division of Cor |   |   |  |
|--|---|---|--|
|  | ANING SERVICES LLC  |   |  |
| SUBJECT:                               | Name of Lim   | ited Liability Company  |  |
|  | Amendment and fee(s) are sub  | •   |  |
|  |   | Name of Person  |  |
|  |   | Firm/Company  |  |
| •                                      | 12615 MONTFORD LAN  | E <sub>.</sub>  |  |
|  | ***************************************   | Address   |  |
|  | RIVERVIEW, FL 33579   |   |  |
|  |   | City/State and Zip Code   | <del></del>  |
|  | E-mail address: (   | to be used for future annual report notifica-   | tion)  |
| For further information of             | oncerning this matter, please c   | all;  |  |
| MYRIAM VARGAS                          |   | 813 774-4726<br>at ( )  |  |
| Name o                                 | l' Person   | Area Code Daytime Te  | elephone Number  |
| Enclosed is a check for the            | ne following amount:  |   |  |
| S25.00 Filing Fee                      | □ \$30.00 Filing Fee & Cenificate of Status   | ☐ S55.00 Filing Fee & Certified Copy (additional copy is enclosed)                                | Certificate of Status & Certified Copy (additional copy) is enclosed CON CONTROL OF CONT |
| Registi<br>Divisio<br>P.O. B           | ING ADDRESS:<br>ration Section<br>on of Corporations<br>ox 6327<br>rassee, FL 32314 | STREET/COURIER Registration Section Division of Corporation Clifton Building 2661 Executive Cente | ORPORA<br>FLORIA<br>Tr Circle  |

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| F&D CLEANING SERVICES LLC  |  |
|--|--|
| (Name of the Limited Liability Company as it now<br>(A Florida Limited Liability Co.   | w appears on our records.)<br>mpany)   |
| The Articles of Organization for this Limited Liability Company were filed Florida document number <u>L15000092062</u>   | d on 05/26/2015 and assigned   |
| This amendment is submitted to amend the following:  |  |
| A. If amending name, enter the new name of the limited liability com   | nany here:   |
| The new name must be distinguishable and contain the words "Limited Liability Compan   | ny," 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 BEA POST OFFICE BOX)  B. If amending the registered agent and/or registered office address here:   | ress on our records, enter the name of the n   |
| Name of New Registered Agent:  |  |
| New Registered Office Address:   |  |
| I.   | Enter Florida street address   |
| City   | , Florida  |
| New Registered Agent's Signature, if changing Registered Agent:  | zip Code   |
| I hereby accept the appointment as registered agent and agree to act provisions of all statutes relative to the proper and complete performs accept the obligations of my position as registered agent as provided being filed to merely reflect a change in the registered office address, company has been notified in writing of this change. | ance of my duties, and I am familiar with and for in Chapter 605, F.S. Or if this document?  I hereby confirm that the limited liability OF CORP.  A CORP. |
| If Changing Regis  | stered Agent, Signature of New Registered Assent   |

Page 1 of 3

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

| Title | <u>Name</u>            | Address             | Type of Action   |
|-------|------------------------|---------------------|--|
| MGR   | DEISY FAUSTINO CALIXTO | 12615 MONTFORD LANE | ≅ Add  |
|       |                        | RIVERVIEW, FL 33579 | □ Remove   |
|       |                        |                     | □ Change   |
|       |                        |                     | □ Add  |
|       |                        |                     | □ Remove   |
|       |                        |                     | Change   |
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|       |                        |                     | ECRETARY OF STATE SION OF CORPORATIONS  BIN - LE AM 2: 45 25 25 25 25 25 25 25 25 25 25 25 25 25 |

| •   | on, enter change(s) here: (Attach additional sl           |  |
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| :   | 6/5/2015  |  |
| e: If the date inserted in this bloc<br>ument's effective date on the Dep | effective date, but not an effective time,                | irements, this date will not be listed |
| JUNE 5  | 2015  |  |
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|   | lignature of a member or authorized representative of a m |  |
| GALLEGOS, CAMERIN   | o .   |  |
|   | ·   | JUN -<br>CRETAL<br>AHASS               |