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## **COVER LETTER**

SUBJECT: Spot to Sporker Protestional Cleaning 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:				
Sabrina Hall Name of Person				
Firm/Company				
9536 Princeton Sq Flud S # 1108				
Dacksonville, FL 32256				
Subring Halloa@hotmail (om)  E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Subrina Hall at (754) 779-1877  Name of Person Area Code Daytime Telephone Number				
Enclosed is a check for the following amount:				
□ \$25.00 Filing Fee (☑ \$30.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Cadditional copy is enclosed)  Certificate of Status & Certified Copy (additional copy is enclosed)				

#### MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> 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

The Articles of Organization for this Limited Liability Company were filed on Florida document number — / This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." NA 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: NA Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida City 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

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

MGR = Manager AMBR = Authorized Member				
Title	Name	Address	Type of Action	
MA.	NA	WA		
			□ Remove	
			Change	
			D Add	
			Remove	
			Change	
			□ Remove	
			Change	
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If amending any other information, enter change(s) here: (Attach additional)	ıl sheets, if necessary.)
<del></del>	17 8
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	SET
	RAI <b>95</b>
Effective date, if other than the date of filing:  If an effective date is listed, the date must be specific and cannot be prior to date of filing or more  Note: If the date inserted in this block does not meet the applicable statutory filing re document's effective date on the Department of State's records.	than 90 days after filing.) Pursuant to 605.0207 (2 quirements, this date will not be listed as the
ne record specifies a delayed effective date, but not an effective time.  The 90th day after the record is filed.	e, at 12:01 a.m. on the earlier of:
Dated October 8th 2017.	
Signature of a member or authorized representative of a	member
Typed or printed name of signee	

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Filing Fee: \$25.00