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(Re	questor's Name)	
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SECRETARY OF STATE
TAILAHASSEE, FLORIDA

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S. YOUNG

## **COVER LETTER**

Division of Co.	rporations	•	
SPICK & S	SPAN CLEANING SERVICES	MIAMI, LLC	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	LI MILIAN		
		Name of Person	
	LI STYLE & DESIGN, LI	.c	
	<del></del>	Firm Company	
		Address	
	MIAMI, FL. 33137		SEC TALL
	MRIZO@HOTMAIL.COM	City-State and Zip Code	THE THE
		to be used for future annual report notifica	TARY OF PLANT OF
For further information c	oncerning this matter, please ea	nii:	<u></u> ن د
LIMILIAN		786 285-7494	ORBE 72
Name o	f Person	Area Code Daytine T	elephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing 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: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

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

SPICK & SPAN CLEANING SERVICES MIAMI, L	
( <u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L15000093531</u> .	y were filed on MAY 28, 2015 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	bility company here:
LI STYLE & DESIGN, LLC	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3470 EAST COAST AVENUE, APT. #2503
(Principal office address MUST BE A STREET ADDRESS)	MIAMI, FL. 33137
Enter new mailing address, if applicable:	3470 EAST COAST AVENUE, APT #2503 Z
(Mailing address MAY BE A POST OFFICE BOX)	MIAMI, FL. 33137
B. If amending the registered agent and/or registered o	office address on our records, enter the name of the na
registered agent and/or the new registered office address her	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	P9
	, 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 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
VP	NOHORA S. GUTIERREZ	3470 EAST COAST AVENUE	
		#2503	■ Remove
		MIAMI, FL. 33137	Change
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record specifies a delayed on the secord he 90th day after the record	effective date, bu d is filed.	t not an effecti	ve time, at 12:	01 a.m. on th	e earlier d
OCTOBER 16	2015				
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Filing Fee: \$25.00