

**L15000107035**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : LEGALZOOM.COM INC.  
Account Number : T20010000062  
Phone : (323)962-8600  
Fax Number : (323)962-3559

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
JANITORIAL FACILITY SERVICES, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$55.00

RECEIVED  
2016 APR - 8 PM 12:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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2016 APR - 8 P 3:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APR 10 2016  
J. BRUCE

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** JANITORIAL FACILITY SERVICES, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cheyenne Moseley  
Name of Person

Legalzoom.com, Inc.  
Firm/Company

101 N Brand Blvd., 11th Floor  
Address

Glendale, CA 91210  
City/State and Zip Code

dvdbrm@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Imelda Vasquez at ( 323 ) 962-8600 ext 7950  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- \$25 Filing Fee
- \$55 Filing fee & Certified Copy

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 TALLAHASSEE, FLORIDA  
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JANITORIAL FACILITY SERVICES, 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 06/15/2015 and assigned Florida document number L15000107035

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 end with the words "Limited Liability Company," the designation "L.L.C." 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:

HUGO D BEJARANO SR

New Registered Office Address:

10293 SW VILLAGE PKWY APT 207

Enter Florida street address

PORT ST LUCIE

City

Florida 34987

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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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	PAUL WARREN CONDIE	10293 SW VILLAGE PKWY APT 207	<input checked="" type="checkbox"/> Add
		PORT ST. LUCIE, FL 34987	<input type="checkbox"/> Remove
AMBR	MARTA J BEJARANO	10293 SW VILLAGE PKWY APT 207	<input checked="" type="checkbox"/> Add
		PORT ST. LUCIE, FL 34987	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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 STATE ATTORNEY  
 TALLAHASSEE, FLORIDA

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
 (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 04/07/2016

  
 \_\_\_\_\_  
 Signature of a member or authorized representative of a member  
**HUGO D BEJARANO**  
 \_\_\_\_\_  
 Typed or printed name of signer

**FILED**  
 2016 APR - 8 P 3:10  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA