L1500010815a

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

TO:	Registration Sec Division of Corp			
CHIP ED		LERNING SERVICES LLC		
SUBJE	UT:	Name of Limi	ted Liability Company	
The enc	losed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please re	eturn all correspor	ndence concerning this matter	to the following:	
		JAUNAISE MEZADIEU		
			Name of Person	
		FIRST OPTION CLEANII	NG SERVICES, LLC	
			Firm/Company	· · · · · · · · · · · · · · · · · · ·
		5803 DEERFIELD RD		
			Address	
		ORLANDO, FL 32808		
			City/State and Zip Code	
	•	jaunaise,mezadieu@yahoo.		
		E-mail address: (to be used for future annual report notific	cation)
For furt	her information co	oncerning this matter, please ca	all:	
JAUNA	AISE MEZADIEU	J	407 485-0054 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclose	d is a check for th	e 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

STREET/COURIER ADDRESS:

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



July 24, 2015

JAUNAISE MESADIEU 5803 DEERFIELD RD ORLANDO, FL 32808

SUBJECT: APPLLE CLERNING SERVICES LLC

Ref. Number: L15000108152

We have received your document for APPLLE CLERNING SERVICES LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 715A00015622

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SALISSEE FOR STAIL

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

APPLLE CLERNING SERVICES LLC		
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records, Liability Company)	
The Articles of Organization for this Limited Liability Compan	y were filed on <u>06/22/2015</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
FIRST OPTION CLEANING SERVICES, LLC		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		7A 28
Enter new mailing address, if applicable:		26
Mailing address MAY BE A POST OFFICE BOX)		TO CO COMPANY
making dataress MAT BE A TOST OFFICE BOA		75 75 P
		5 8
B. If amending the registered agent and/or registered		enter the name of the ne
egistered agent and/or the new registered office address he	<u>re</u> :	
Name of New Registered Agent:		
Trains of New Registered Algeria.		
New Registered Office Address:	Enter Florida street address	
	Enier rioriaa sireel aaaress	
	, Flor	ida
	City	Zip Coae

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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	•		□ Remove
			Change
			DAdd
			☐ Remove
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Effective date, if other tha	an the date of filing:		(optional)		
Note: If the date inserted in	this block does not meet the the Department of State's re elayed effective date, b	applicable statutory filing ecords.	g requirements, this date v	vill not be listed a	ıs tł
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he record specifies a de The 90th day after th Dated	Alunh, 2015 Signature of a member of	·	of a member	AUG 26	5

Page 3 of 3

Filing Fee: \$25.00