115000132826

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



100276342361

08/26/15--01019--005 **30.00

FILED
2015 AUG 26 P 1: 0
SECRETARY OF STAIL

AUG 2.7. 2015) ERUCE

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: A1 Exterm	Name of Limited Liability Company	<u>C</u>
The enclosed Articles of Amendment and fe	ee(s) are submitted for filing.	
Please return all correspondence concerning	g this matter to the following:	
Tyron	ne Harrison Name of Person	
A7 E	X + erme Cleanal	ng LLC
69	2 Orista Dr Address	1
	City/State and Zip Code	33897
tyrap	nail address: (to be used for future annual re-	2 / shoo . /
For further information concerning this mat		SECRETAR ALLAHASSI
Name of Person	at (2/16) 4 Area Code	Daytime Telephone Number OF STA
Enclosed is a check for the following amou	nt:	DA DA
\$25.00 Filing Fee \$30.00 Filin Certificate		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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AT EXTERME CLEANTING 110

(Name of the Limited Lie (A Flo	ability Company as if now appears orida Limited Liability Company)	on our records,)
The Articles of Organization for this Limited Liabilit		gust 4, 20 K and assigned
Florida document number <u>L1500013 25</u>	824e.	
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company her	2;
A1 EXTREME C. The new name must be distinguishable and contain the words "	LEANTNG Limited Liability Company "the dea	I L C
	Emined Elabinity Company, the des	ignation LLC of the appreviation L.L.C.
Enter new principal offices address, if applicable:		, con
(Principal office address MUST BE A STREET AL	ODRESS)	
		·
		. . .
Enter new mailing address, if applicable:		7A1
(Mailing address MAY BE A POST OFFICE BOX	<u></u>	LCR & T
		HAZA S
		SEA & LU
B. If amending the registered agent and/or re		our records, enter the name of the new
registered agent and/or the new registered office a	iddress here:	STA LOF
•		85 9
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florid	a street address
		, Florida
	City	Zip Code

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> <u>Name</u> **Address Type of Action** _ Add _□ Remove ☐ Change □ Add _□ Remove ☐ Change _□ Add ☐ Remove ☐ Change 8 □ Add _□ Remove ☐ Change □ Add □ Remove ☐ Change

	, ,									
			· · · · · · · · · · · · · · · · · · ·	 -	<u> </u>	 				
					-	· · · · · ·				
	······································									
										
		·····								
										.:
							. , 4	7s	2	
		<u> </u>			··· .				2015	-71
				,	<u></u>			CRE	E .	
								TAR ASS	26	
				<u></u>				E OF		- 7 1
				<u>. </u>						<u>_</u> _
								ORIG	. 0	
			-					A	,	
-									· · · ·	
f ective date, n effective date	if other than is listed, the date	the date of must be speci	filing: fic and cann	ot be prior to	date of filing	or more than	90 days	ptional) after filing.	Pursuant	to 605.02
ote: If the dat	e inserted in thi	is block does	not meet t	he applicab	le statutory	filing requi	rements,	this date	will not l	be listed
cument s ene	ctive date on th	e Departmei	it of State :	s records.						
	ماداد - حداثات	.		1		- 4.1				
recora spe The 90th di	ecifies a dela ay after the	yea errect record is f	ive date, iled	put not	an errecti	ve time,	at 12:0	11 a.m. (on the	earlier
	.,									
ted										
			—_· —		. •					
	/			•	zed represent					
		•								

Page 3 of 3

Filing Fee: \$25.00