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# **COVER LETTER**

TO: Registration Set Division of Con			
SUBJECT: JAC	EKIE HARRISONS C Name of Lim	ILEANING SERVICE L ited Liability Company	<u>1</u> C
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	JACKIE	HARRISGU Name of Person	
		Name of Person	
	JLH CLEANI	NG & SHUTTLE LLC	·
		Firm/Company	
	1182 GRAH	Address	
		Address	
	PORT ST. Luc	City/State and Zip Code  1967 @ JAHOD. Colleto be used for future annual report notified.	
	1 1	City/State and Zip Code	
	JACKIE Jyhn E-mail address: (	1967 @ JAHOO . C . M. to be used for future annual report notif	ication)
For further information of	concerning this matter, please ca		
JACKIE	HARRISOH	at (772) 361 Area Code Daytime	9368
Name o	f Person	Area Code Daytimo	: Telephone 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

## 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

JACKIE HARRISONS CLEAR (Name of the Limited Liability Compa	HING SERVICE LLC
(Name of the Limited Liability Compa (A Florida Limited)	Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number	y were filed on AUGUST 18 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:
JLH CLEANING & SHUTTLE LLC The new name must be distinguishable and contain the words "Limited Liabil	oility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	1182 CRANADEER ST PORT ST LUCIE FL 34983
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida 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
			☐ Remove
			Change
			Add
			☐ Remove
			☐ Change
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Note:	re date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
	V 9-16-19
Dated	
Dated	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00