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(Re	equestor's Name)	
(Ac	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
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SUBLIARY OF STATE
ALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: A &	Commercial Name of Limi	Cleaning Service Ll ted Liability Company	~C
The enclosed Articles of A	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspon	ndence concerning this matter t	to the following:	
	Ronald Kin	Name of Person	
	A & C Conne	rcial Cleaning Serv Firm/Company	ice LLC
	P. a. Box 222	9 Le §	
	West Palm Be	ach /F1/33417 City/State and Zip Code	
	E-mail address: (1	o be used for future annual report notifi	cation)
For further information co	oncerning this matter, please ca		
Ronald Kin	Person	at (\(\subseteq \lambda \) \(8197 Telephone Number
Enclosed is a check for th	e following amount:		
	□ \$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

A & C Commercia	Liability Company as it now appears on our records.)	
(Name of the Limited	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab	ility Company were filed on <u>C/29/2015</u> and assign	ned
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of the	ne limited liability company here:	
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C	· N . N *
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET.	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	
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 offic	ee address here:	* Talence
Name of New Registered Agent:	OF STA	
New Registered Office Address:	Enter Florida street address	Thursty c'
	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
AMBR	Ronald King	4855 Via Palm Lake, Apt. 9	
		West Palm Beach, Fla. 3341	7 🗆 Remove
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Filing Fee: \$25.00