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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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COVER LETTER

TO:	Registration Sect Division of Corpo	ion orations	•	4
crin n	ret.	GREENVALLE C	LEANING SERVICES LLC	
SUBJ	ECT:	Name of Limi	ted Liability Company	
The en	aclosed Articles of A	mendment and fee(s) are sub-	nitted for filing.	
Please	return all correspond	dence concerning this matter t	to the following:	
		ME	ELIZA VARGAS AGUDELO	
			Name of Person	· · · · · · · · · · · · · · · · · · ·
		GREENV	ALLE CLEANING SERVICES LI	.c
			Firm/Company	
	•	100	020 SHERIDAN ST. #201	
			Address	
		PEN	MBROKE PINES FL 33024	
			City/State and Zip Code	· ·
			ZA.VARGAS@YAHOO.COM to be used for future annual report notifit	ootton\
For fu	rther information cor	ncerning this matter, please ca	•	Cation
	MELIZA VARO	GAS AGUDELO	864 498-8798	
	Name of I	Person	Area Code Daytime	Telephone Number
Enclos	sed is a check for the	following amount:		
)≊ (\$2	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

FILED

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ARTICLES OF ORGANIZATION 2015 NOV -5 AM II: 54

SECRETARY OF STATE

Greenvalle Cleaning Services FLORIDA

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(A FIORICA LIIIII	ted Liability Company)	
The Articles of Organization for this Limited Liability Comparing Florida document number	any were filed on 10/C	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited I The new name must be distinguishable and contain the words "Limited Limited	ices, LLC.	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	·	
(Principal office address MUST BE A STREET ADDRESS	2	· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered registered agent and/or the new registered office address i		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	71 . 77 . 1	· · · · · · · · · · · · · · · · · · ·
•	Enter Florida stre	
	City	, Florida 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 = M AMBR = A	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Rositer Agudelo	pombooke pines FL 3300	d Add Add Remove
			Change
AMBR	Meliza Vargas-Agudelo	pembroke pines FL 32021	Add Add
		pembroke piny FL 32021	↓ □ Remove
			Change
pub2	yenci Vargus dease remove. 16	10020 Sheridan St #201	D Add
$\Rightarrow \emptyset$	place remove. I	pembroke pines FL 32000	Remove
			Change
			D Add
			Remove
	·		□ Change
	 		_□ Add
			□ Remove
			Change
		MANAGEMENT	□ Add
			_□ Remove

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(If an el	tive date, if other than the date of filing: 005 005 (optional) fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
	cord 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.
Dated	October, 31, 2015.
	Neligh Target Landells Signature of a member or authorized representative of a member
	Meliza Vargas-Aqualo Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00