

L15000182758

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

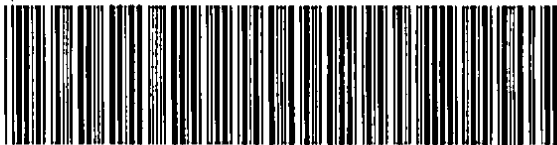
(Document Number)

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07/31/17--01022--016 **69.06

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2017 JUL 31 PM 1:57
SECRETARY OF STATE
TALLAHASSEE FLORIDA

AUG 02 2017
J. HARRIS

COVER LETTER**FILING CANCELLED
RETURNED CHECK****TO: Registration Section
Division of Corporations****SUBJECT: HANTZ CLEANING SERVICES**

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

HANTZ JULMIS

Name of Person

HANTZ CLEANING SERVICES

Firm/Company

641 W SAMPLE RD

Address

POMPANO BEACH FL, 33064

City/State and Zip Code

HANTZCLEANINGSERVICES@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HANTZ JULMIS

954

857-1892

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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**

HANTZ CLEANING SERVICES

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

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The Articles of Organization for this Limited Liability Company were filed on 10-27-2015 and assigned
Florida document number L15000182758

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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 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:

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MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	BLAIR, JAYSON ANTHONY	18 SPINNINGWHEEL LANE	<input type="checkbox"/> Add
		TAMARAC FL 33319	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JONATHAN A WOODARD	3375 PINEWALK DR NORTH	<input checked="" type="checkbox"/> Add
		APT 208 MARGATE, FL 33063	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
SUPV	ROSNY JOSEPH	421 NW 42 nd St Pompano Beach, FL	<input checked="" type="checkbox"/> Add
		33064	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
SEC	Belinda Herigstad	3375 Pinewalk DR	<input checked="" type="checkbox"/> Add
		north APT 208	<input type="checkbox"/> Remove
		Margate, FL 33063	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

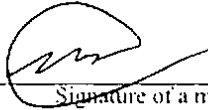
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E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated 7/25 2017



Signature of a member or authorized representative of a member

HANTZ JULMIS

Typed or printed name of signee

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TALLAHASSEE FLORIDA