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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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D. SCOTT SEP 2 3 2016



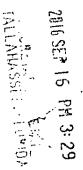
#### FLORIDA DEPARTMENT OF STATE Division of Corporations

September 8, 2016

DARLENE CARRILLO 2393 S CONGRESS AVE, SUITE 205 WEST PALM BEACH, FL 33406

SUBJECT: WOW PROFESSIONAL CLEANING SERVICE LLC

Ref. Number: L15000186835



We have received your document for WOW PROFESSIONAL CLEANING SERVICE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott Regulatory Specialist II

Letter Number: 716A00018931



## **COVER LETTER**

	ration Section of Corp		,	•		
W SUBJECT:	OW PROF	ESSIONAL CLEANING SI	ERVICE LLC			
30b0EC1		Name of Lim	nited Liability Company			
The enclosed Ar	ticles of A	mendment and fee(s) are sub	omitted for filing.		•	
Please return all	correspond	dence concerning this matter	to the following:			
		DARLENE CARRILLO				
			Name of Person			
		D & M BUSINESS SERV	/ICE			
			Firm/Company		75 <b>16</b>	
		2393 S CONGRESS AVE	E, SUITE 205		SEP CRETA	<del></del> -1
			Address		. 0.5	1.1
		WEST PALM BEACH, F	FL 33406		16 P	T
			City/State and Zip Code		SIS R	<u>_</u>
		GIRALDOSARA@YAHO	O.COM to be used for future annual report notificati		25.50 11.50 12.50	
For further infor	mation con	cerning this matter, please car		(011)	آي	
DARLENE CAI		g and matter, preudo o	561 9692466		•	
	Name of P	Person	at ()	ephone Number		
					•	
Enclosed is a che	eck for the	following amount:				
■ \$25.00 Filing	g Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (	e of Status &	
		G ADDRESS: on Section	STREET/COURIER Registration Section	ADDRESS:		

Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WOW PROFESSIONAL CLEAN	IING SERVICE LL	C	
(Name of the Lim	ited Liability Compa (A Florida Limited I	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited I	Liability Company	were filed on 11/04/2015	and assigned
Florida document number L15000186835	•		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liab	ility company here:	
NA			
The new name must be distinguishable and contain the	words "Limited Liabil	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2219 NW 170TH AVE	
Principal office address MUST BE A STRE.	ET ADDRESS)	PEMBROKE PINES, FL 33028	
	,		
		•	
Enter new mailing address, if applicable:	,	2219 NW 170TH AVE	
Mailing address MAY BE A POST OFFICE BOX)		PEMBROKE PINES, FL 33028	
			≥85 <b>2</b>
B. If amending the registered agent and			iter the name of the ne
egistered agent and/or the new registered (	onice address ner	<u>e</u> :	一数三一 一
Name of New Registered Agent:	DARLENE CA	RRILLO	
New Registered Office Address:	2393 S CONGI	RESS AVE, SUITE 205	55 5
· · · · · · · · · · · · · · · · · · ·		Enter Florida street address	<u> </u>
	WEST PALM	BEACH , Florid	a 33406
		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.

f 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	PRZYSTUPA, PAWEL	71 LAKE ARBOR DR	
		PALM SPRINGSA, FL 33461	■ Remove
			Change
AMBR	ANGEL JOSE GONZALEZ	2219 NW 170TH AVE	
		PEMBROKE PINES, FL 33028	□ Remove
		·	Change
NA	NA	NA	□ Add
		<del></del>	□ Remove
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			Thomas H
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			ABY OF STATE ASSEE, FALLWARD,
		effective date, but not an effective time	e, at 12:01 a.m. on the earlier of:
d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 0th day after the record is filed.	he 90th day after the record	d is filed.	·
Oth day after the record is filed.	he 90th day after the record	d is filed.	·
JGUST 24 2016	The 90th day after the record the AUGUST 24	d is filed.	
Oth day after the record is filed.	The 90th day after the record the AUGUST 24	d is filed.	a member

Page 3 of 3

Filing Fee: \$25.00