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2015 DEC IN P 4: 32
SECRETARY OF STATES
AND ANSSEE, FLORIDA

DEC 15 20th

COVER LETTER

Division of Corporations
SUBJECT: A2 Cleaning & Renovations 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:
Paula R. Brantley Name of Person
A1 Cleaning & Renovations Firm/Company
515 Seasons Ct
Winter Springs Fl. 32708 City/State and Zip Code
A1 cleaning and Renovations & Lahor Corr
For further information concerning this matter, please call:
Paula R. Brantley at (321) 472-8479 TO Name of Person Area Code Daytime Telephone Number W
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\$ \text{\$\Bigcup \text{\$55.00 Filing Fee & Certificate of Status}\$\$\$ \text{\$\Bigcup \text{\$\Certificate of Status}\$\$\$ \text{\$\Certificate of Status}\$\$ \$\Certificate of Statu

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

TO:

Registration Section

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

AZ Cleaning & Ren (Name of the Lighted Liability C (A Florida Lim	OVA-LONS LLC ompany as it now appears on our record nited Liability Company)	S.)
The Articles of Organization for this Limited Liability Comp	pany were filed on	5 and assigned
Florida document number <u>L.15000195219</u> .	• •	
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	c" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u> </u>	
		A. 2
		2015 (SECR
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
7 7 1 1 1 1 1 1 1 1 1 1	. 1 . 69	
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		s, enter-the name of the nev
		
Name of New Registered Agent:		e redicts the
New Registered Office Address:		
	Enter Florida street addres	55
		orida
	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 **Title** <u>Name</u> **Address** Type of Action Anthony M. Holmes 515 Seasons C+ Winter Spr Fradd AMBR FL. 32708 □ Remove ☐ Change Reginald R Brantley IT 515 Seasons Ct Winter Springer Add MGR FI. 32708 □ Remove ☐ Change □ Add ☐ Remove □.Change _EChange □ Add □ Remove ☐ Change □ Add ☐ Remove

☐ Change

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tive date, if other than the date of filing:	(optional)
fective date is listed, the date must be specific and cannot be prior to date of filin	ng or more than 90 days after filing.) Pursuant to 6
If the date inserted in this block does not meet the applicable statutory nent's effective date on the Department of State's records.	y thing requirements, this date will not be in
cord specifies a delayed effective date, but not an effect e 90th day after the record is filed.	tive time, at 12:01 a.m. on the ear
December 10, 2015.	
December 10, 2015. Paula R. Brantley Signature of a member or authorized representation	

Page 3 of 3

Filing Fee: \$25.00