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K.SALY EXAMINER JAN - 4

COVER LETTER

Division of Corporations
SUBJECT: ES COPE Cleaning LLC 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:
Candace Abend
Escape Cleaning LLC
10525 F A Ash Way
Talahasse fl. 32311 City/State and Zip Code Candace Lolley I @ gmail. Com E-mail address: (to be used for future/annual report notification)
For further information concerning this matter, please call:
Canclace Abend at (85) 374-0280 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee \& Certificate of Status \$\Bigcup \$60.00 Filing Fee. Certificate of Status \& Certificate of Status \

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



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

	\mathcal{F}_{i}
The Articles of Organization for this Limited Liability (Florida document number <u>L1500021110</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	nited liability company here:
The new name must be distinguishable and contain the words "Lir	the following: name of the limited liability company here: Intain the words "Limited Liability Company." the designation "LLC" or the abbreviation "L.L.C." if applicable: STREET ADDRESS) able: OFFICE BOX) ent and/or registered office address on our records, enter the name of the new stered office address here: ent:
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADD	RESS)
	3
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office ad-	
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, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR = Manager

AMBR = A	Authorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Cardace Albert	10525 FA Ash W	JY_DAdd
		10525 FA Ash w Tallahassee, Fl. 323	B
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fective date, if other than the date of filing: an effective date is listed, the date must be specific and cann ote: If the date inserted in this block does not meet to be cument's effective date on the Department of State's	ot be prior to date of fili ne applicable statutor	ng or more than 90 days	optional) after filing.) Pursuant to 60 , this date will not be lis	5.02 ted :
e record specifies a delayed effective date, The 90th day after the record is filed.	but not an effec	tive time, at 12:0	01 a.m. on the earli	ier
ated December 28th, a	015	L.		

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Filing Fee: \$25.00