LIL 0000 10435

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| |
| • |
| |

Office Use Only



000286932400

06/27/16--01020--018 **25.00

SCREINEY OF STATE

FILED

S WarrenJUN 2 8 2016

COVER LETTER

| | egistration Sec ivision of Corp | | · · · · · · · · · · · · · · · · · · · | |
|-------------|------------------------------------|---|---|--|
| CUDIECT | | leaning, LLC | | |
| SUBJECT | · | Name of Limit | ted Liability Company | |
| | | Amendment and fee(s) are subn | | |
| Please retu | rn all correspor | dence concerning this matter t | o the following: | |
| | | Jaime Long | | |
| | | | Name of Person | |
| | | Rosenn, Jenkins & Greenw | ald, L.L.P. | |
| | | | Firm/Company | |
| | | 15 South Franklin Street | | |
| | | | Address | , |
| | | Wilkes-Barre, PA 18711-0 | 0075 | • |
| | | | City/State and Zip Code | |
| | • | jlong@rjglaw.com | o be used for future annual report notifica | |
| For further | information co | ncerning this matter, please ca | | auon) |
| Jaime Lon | | | 570 826-5642 at () Area Code Daytime T | Felephone Number |
| | Name of | Person | Area Code Daytime T | Telephone Number |
| Enclosed i | s a check for the | e 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

| Sherman's Cleaning, LLC | | |
|---|---|--------------------------|
| (Name of the Limited Liability Cor (A Florida Limit | npany as it now appears on our records.) ed Liability Company) | |
| The Articles of Organization for this Limited Liability Comparion document number L16000010435 | any were filed on January 14, 2016 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited l | iability company here: | rey Aus |
| ne new name must be distinguishable and contain the words "Limited Li | ability Company," the designation "LLC" or | the abbreviation L.L.C." |
| nter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS | | Apy of ST |
| nter new mailing address, if applicable: | 708 Landis Street Scranton, PA 18504 | 3 49 CORIDA |
| Mailing address MAY BE A POST OFFICE BOX) | Setamon, 177 10501 | |
| B. If amending the registered agent and/or registered egistered agent and/or the new registered office address leaders of New Registered Agent: | · · · · · · · · · · · · · · · · · · · | nter the name of the |
| New Registered Office Address: | | |
| THEM INERISTED OFFICE MULLESS. | Enter Florida street address | |
| | , Florid | |
| | 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 = M $AMBR = A$ | anager uthorized Member | | |
|--------------------|----------------------------|-------------|----------------|
| <u>Title</u> | Name | Address | Type of Action |
| • | | | □ Add |
| | | | □ Remove |
| | | | |
| | | | |
| | | | Remove |
| | | | Change |
| | | | □ Add |
| | | | □ Remove |
| | | | |
| | | | Add |
| | | | Remove |
| | | | Change |
| | | | Add |
| | | | □ Remove |
| | | | Change |
| | | | |
| | | | |
| | | | Ald Change |

| _ | | | - | |
|---|--|------|---|-------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Page 3 of 3

Filing Fee: \$25.00