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PICK-UP	☐ WAIT	MAIL
		
(Bı	isiness Entity Name)	
(Do	ocument Number)	
Certified Copies	Certificates of	Status
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Special Instructions to	Filing Officer:	

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Office Use Only



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07/11/19--01010--018 **25.00



COVER LETTER

SUBJECT: Sam Home and Cleaning Services 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:
Rossana Baez Name of Person
Sam Home and Cleaning Services LLC Firm/Company
630 SW 11th PL
Cape Coral Fl. 33991
City/State and Zip Code YOSSANA DALE 210@9mail Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
ROSSANA BARZ at (239) 2736442 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \$\Bigcup \$55.00 Filing Fee & \$\Bigcup \$60.00 Filing Fee, \$\Bigcup \$\Bigcu

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> 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

Sam Home and Cleaning Selbigicies All 8:25

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

(A Florida Limited Liability Company)

		:
The Articles of Organization for this Limited Liability Company	were filed on <u> ・ </u>	and assigned
Florida document number <u>L1 6 00035938</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
Baez Residential & Commercia		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	630 SW 11th f) [
(Principal office address MUST BE A STREET ADDRESS)	630 SW 11th f Cape Wral Fl	. 33991
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of	Tice address on our records	enter the name of the new
registered agent and/or the new registered office address here		enter the name of the net
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	ida
	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ ∧dd
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). II ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an eff <u>Note:</u>	ive date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	02.22.2014. 8:00a.m. ROSSGRADALZ Signature of a member or authorized representative of a member
	ROSSARO DOLL Z Signature of a member or authorized representative of a member
	Rossana Balz