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(,	Requestor's Name)	
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	Business Entity Name)	
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Certified Copies	Certificates of	Status
Special Instructions	to Filina Officer:	
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Office Use Only



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COVER LETTER

ГО:	Registration Sec Division of Corp	ction porations		
041 0 40		PER CLEANING LLC		
SUBJE	CT:	Name of Limit	ted Liability Company	
The enc	closed Articles of a	Amendment and fee(s) are subn	nitted for filing.	
Piease 1	return all correspo	ndence concerning this matter t	o the following:	
			Name of Person	
			Firm/Company	
			Address	
			City/State and Zip Code	
		E-mail address: (t	o be used for future annual report notif	fication)
For fur	ther information c	oncerning this matter, please ca	dl:	
	Name o	f Person	at () Area Code Daytime	e Telephone Number
Enclos	ed is a check for the	ne following amount:		
□ \$2.	5.00 Filing Fec	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

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

ny as it now appears on our records.) Liability Company)	
were filed on 03/07/2016	and assigned
ility company here:	
lity Company," the designation "LLC" or	the abbreviation "L.L.C."
2507 DRUMMOND AVE #3	
PANAMA CITY, FL 32405	0 . n
	200 B TI
2507 DRUMMOND AVE #3	7
PANAMA CITY, FL 32405	
	<u> </u>
ffice address on our records, e	nter the name of th

Enter Florida street address	
	1
, Floric	1a Zip Code
	ility company here: lity Company," the designation "LLC" or 2507 DRUMMOND AVE #3 PANAMA CITY, FL 32405 2507 DRUMMOND AVE #3 PANAMA CITY, FL 32405 ffice address on our records, ee: Enter Florida street address , Florida

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
			□ Add
			□ Remove
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If an effective <u>Note:</u> If th	ate, if other tha date is listed, the da date inserted in t effective date on	ite must be specifi this block does i	ic and cannot be poor the ap	plicable statutor	ng or more than y filing requir	(optional) 90 days after filing ements, this date) :.) Pursuant to 605.020 will not be listed as
ne record The 90t	specifies a del h day after the	layed effective record is fil	ve date, but led.	not an effec	tive time, a	t 12:01 a.m.	on the earlier o
	1-29		<u></u>	4			
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Page 3 of 3

Filing Fee: \$25.00