L16000066474

(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:





200285107232

ú5/09/16--01046--021 **25.08

TALLAHASSES FIORIDA

SECRETARY OF STATE

ALLAHASSES FIORIDA

TALLAHASSES FIORIDA

J. HARRIS

COVER LETTER

TO: Registration S Division of Co			
	eaning Service LLC.		
30 13 EC1.	Name of Limi	ted Liability Company	
The enclosed Articles of	`Amendment and fee(s) are subt	nitted for filing.	
	ondence concerning this matter t	-	
	Joanne Downer		
		Name of Person	
	Sankey Cleaning Service L	LC	
		Firm/Company	
	5662 18TH WAY SOUTH	, APT. D	
		Address	
	ST. PETERSBURG, FL 33	712	
		City/State and Zip Code	
	sankeyelliott@aol.com		·
		o be used for future annual report notifi	cation)
For further information of	concerning this matter, please ca	ll:	
Joanne Downer		954 348-5503	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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

The Articles of Organization for this Limited Liability Company were file Florida document number <u>L16000066474</u> .	ed on <u>03/31/2016</u>	;	and ass	signed	
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liability com	npany here:				
The new name must be distinguishable and contain the words "Limited Liability Compa	any." the designation "LLC"	or the abbrevia	ntion "L.	L.C."	_
Enter new principal offices address, if applicable:		<u>स्</u> त्री.,			
(Principal office address MUST BE A STREET ADDRESS)		2	CD ::::::::::::::::::::::::::::::::::::		_ ;
		<u> </u>	4	î ;	_
		(2) (2) (3)	Ġ	#**	
Enter new mailing address, if applicable:		Fig	0		
(Mailing address MAY BE A POST OFFICE BOX)		-10		-	_
		REI	06		_
		>			_
B. If amending the registered agent and/or registered office addressivered agent and/or the new registered office address here:	dress on our records	, enter the	name	of the	new
Name of New Registered Agent:					
Navy Devictored Office Address					
New Registered Office Address:	Enter Florida street address				

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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>	<u>Address</u>	Type of Action
AMBR	Joanne Downer	7143 Woodmont Way Tamarac	₩Add
		FI 33321	Remove
			Change
AMBR	Debbie Sankey	7143 Woodmont Way Tamarac	□ Add
		FI 33321	Remove
			Change
			Add
			□ Remove
			☐ Change
			Add
			□ Remove
			Change
			Remove Change Change Add
			9819.7 98
			Remove
			Change

<u></u>							
_					<u>.</u>		
							
		T				··	
_							
				.	· · · ·		
an effect lote: If ocumen	e date, if other than the tive date is listed, the date in this lates effective date on the lates effective date on the lates and specifies a delayer of the day after the results.	ust be specific and ca block does not mee Department of Stat ed effective dat	et the applicable se's records.	statutory filing req	uirements, this da	ing.) Pursuant i ate will not b	e listed a
ated	April 30		Zolb.				
	• • • • • • • • • • • • • • • • • • •		- Wu	1		SE TAL	_
	_	Signature of a mer	ber or authorized	representative of a	nember		
		Deble	Sant	Ley .		72.2	(<u>-</u> 2
		Ty	ped or printed nan	ne of <u>sign</u> ee			
						-;"	<u> </u>

Filing Fee: \$25.00