L16000069273

(Requestor's Name)		
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PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

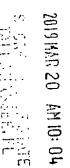
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U3/2U/19--U1012--U05 **25.06







COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Alzola Power Cleaning LCC 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:
Jose C. Alzola Name of Person
American Harvester UC. Firm/Company
5980 Sw. 6 St Address
Miam: FC 33144 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Voie C-Alzola at 305 345-2662 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 \& \Certificate of Status \$\Bigcup \\$ Certificate of Status \$\Bigcup \\$ (additional copy is enclosed) \$\Bigcup \\$ \$60.00 Filing Fee. \$\Bigcup \\$ Certified Copy \$\Bigcup \\$ Certified Copy (additional copy is enclosed)

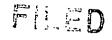
MAILING ADDRESS:

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



Alzola Pow	er Cleaning L	n our records. AM 10: 04
(Name of the Limited I.	iability Company as it now appears o lorida Limited Liability Company)	n our records STRTE
The Articles of Organization for this Limited Liabil	ity Company were filed on	4/7/2016 and assigned
Florida document number <u>L16 0000 692</u>	<u>.73</u> .	,
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the American Hard. The new name must be distinguishable and contain the words		
Enter new principal offices address, if applicable	::	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO)	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		ur records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida	street address
_	City	Florida
	(. <i>tly</i>	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>	<u>Address</u>	Type of Action
		· · · · · · · · · · · · · · · · · · ·	∩ Add
			□ Remove
			□ Change
			□ Add
		······	☐ Remove
			☐ Change
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		· · · · · · · · · · · · · · · · · · ·	□ Remove
			□ Change
			□ Remove
			□ Change

. If amen	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note: If	e date, if other than the date of filing:
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of Oth day after the record is filed.
Dated _	March 17 2019
	Jean
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00