1600007445

(Requestor's Name)		
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(0-	A Niverback	
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		
	· ·	

Office Use Only



300286276173

06/02/16--01009--003 **30.00

16 JUN-2 PH 5: 81.
SECRETARY OF STATE
PALLAHASSEE, FLORIDA

JUN 0 6 2016 Y SULKER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: All Pro Cleaning Sucs 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:
Tracy Rachelle White Name of Person
All Pro Cleaning SVCS, LLC
9911 Bridle wood Rd
Pensacol A FI 32526 City/State and Zip Code
All Pro Cleaning LLC Q vahoo. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tracy White at \$50 501 - 9829 Name of Person Area Code Daytime Telephone Number
Englosed is a check for the following amount: 2 \$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$ \$\Bigcup \text{\$55.00 Filing Fee & Certificate of Status}\$ \$\Bigcup \$60.00 Filing Fee, Certificate of Status & C
(additional copy is enclosed) 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

HII Pro Cleaning Sucs	, LLC	
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company vi Florida document number 4/60000 74445.	were filed on 4/14/14	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:		<i>,</i>
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		38.5 7
Name of New Registered Agent:		<u></u>
New Registered Office Address:	/	RIDA
/	Enter Florida street address	
	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	cny	Eq Con
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, and I am fa rovided for in Chapter 605, F.S. Or, i	miliar with and if this document is

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records: MGR = Manager AMBR = Authorized Member **Type of Action** Title **Address** MGR Tracy RachelleWhite 9911 Bridlewood Rd HAND Ponsacula FI 32526 □ Change AMBR Nicole R. Nall 7055 Bridle Wood Cirando Change □ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

☐ Change

D. If amending any other information, enter change(s) here: (Attac	h additional sheets, if necessary.)	
•		
		_
·		
		
		
	· · · · · · · · · · · · · · · · · · ·	- -
••••		_
		-
	,	
		_
	FALL SEC	<u> </u>
· · · · · · · · · · · · · · · · · · ·	SA N	>
	<u>ლი დ</u>	
Effective date, if other than the date of filing:	FLORIU (optional))
(If an effective date is listed, the date must be specific and cannot be prior to date of Note: If the date inserted in this block does not meet the applicable statu document's effective date on the Department of State's records.	filing or more than 90 days after filing.) Pursuant to (605.0207 (3)(b isted as the
the record specifies a delayed effective date, but not an eff b) The 90th day after the record is filed.	ective time, at 12:01 a.m. on the ear	rlier of:
Dated 5/3/16,		
Dated 5/3/16 JILLY RUM Signature of a member or authorized repr Tracy R. Wh.te. Typed or printed name of	resentative of a member	
Tracy L. White Typed or printed name of		
Typed or printed name of	fsignec	

Page 3 of 3

Filing Fee: \$25.00