LICOCOT	5519		
(Requestor's Name) (Address) (Address)	200299035622		
(City/State/Zip/Phone #)	05/11/1701010025	<b>**</b> 25.00	
(Document Number) Certified Copies Certificates of Status	MAY 12 2017 S. YOUNG	FILED SECRETARY OF STATE TALLAHASSEE. FLORIDA	
Office Use Only			

# **COVER LETTER**

то:	<b>Registration Section</b>
	Division of Corporations

## **R.B. CLEAN SERVICE LLC**

SUBJECT:

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:

**REINA M BARAHONA** 

Name of Person

**R.B. CLEAN SERVICE LLC** 

Firm/Company

1614 WEKIVA CROSSING BLVD

Address

APOPKA FL 32703

City/State and Zip Code

MARH2347@LIVE.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

 REINA M BARAHONA
 321
 278-2017

 Name of Person
 Area Code
 Daytime Telephone Number

Enclosed is a check for the 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)

THAY II PH 2:

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

#### **R.B. CLEAN SERVICE LLC**

# (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 04/18/2016 and assigned Florida document number L16000075519

This amendment is submitted to amend the following:

### A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 1614 WEKIVA CROSSING BLVD

1614 WEKIVA CROSSING BLVD

PH

**APOPKA FL 32703** 

APOPKA FL 32703

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:

Name of New Registered Agent:	REINA M BARAHONA		
New Registered Office Address:	1614 WEKIVA CROSSING	BLVD	
New Registered Street Radien.	Enter	Florida street address	
	АРОРКА	, Florida	
	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.

Keina

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person</u> <u>being added</u> <u>or removed from our records</u>:

## MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	REINA M BARAHONA	1614 WEKIVA CROSSING BLVI	🖨 Add
		АРОРКА FL 32703	Remove
			Change
MGR	REYNA L BARAHONA	1820 N HIAWASSE RD	Add
		ORLANDO FL 32818	Remove
			Change
			And ALLAHAS
			Charge 2: 52
			Remove
			Change
			🖸 Add
			Remove
			Change
			Add
			Remove
			Change

•1

**D.** If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

		· • • • • • •			
	<u></u>				
	••••••				
					TASE I
					CRETA
					H SAR
					- Fron
					PM 2
(If an effective date is lis <u>Note:</u> If the date ins	ther than the date of f ted, the date must be specific erted in this block does r e date on the Department	e and cannot be prior to da not meet the applicable	te of filing or more than 9 statutory filing require	(optional) 0 days after filing.) Pursuan ments, this date will not	t to 605.0207 (3)(b) be listed as the
If the record specific (b) The 90th day a	es a delayed effectiv fter the record is fil	ve date, but not an ed.	effective time, at	12:01 a.m. on the	earlier of:
Dated <u>0う</u>	05	, 2017			
	Reina E Signature	arabona			
	Signature	of a member or authorized	representative of a mem	ber	
	Reina 3	Darahom			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00