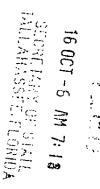
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(Req	uestor's Name)	
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Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	
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10/06/16--01024--017 \*\*25.00



## **COVER LETTER**

TO: Registration S  Division of Co		· ·	•,
SUBJECT: 20	uckserv Cleans Name of Lim	ng LLC ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	•
Please return all corresp	ondence concerning this matter	to the following:	
	LIN	DA S. MINNICK Name of Person	
	Quickserv	Cleaning LLC Firm/Company	
	5020	FAIRFAX Drive	
	Lakela	end, FL 33813 City/State and Zip Code	
	_	ICK @ bellsouth . ne to be used for future annual report notif	
For further information	concerning this matter, please c	all:	
DON MI Name	NNICK of Person	at (954) 614-1 Area Code Daytime	1948 e 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)

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

Quicksery Clear	,	
(Name of the Limited Liabi	ility Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number <u>L</u> /4000 78287	•	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and contain the words "Li	imited 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 ADD	ORESS)	
5. T. 11		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		r the name of the new
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	Enter Florida street address	7 AF 7
	, Florida	
		Zin 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>	Address	Type of Action
MGR	DONALD O. MINNICK	5020 FAIRFAX Dr	Add
		Lakeland, Fl 33813	□ Remove
			Change
MGR	Jennifer L. Goode	3617 Joshua Lane	Add
		Lakeland, Fl 33812	□ Remove
			Change
			Add
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ective date, if other than n effective date is listed, the dat te: If the date inserted in the cument's effective date on t	te must be specific his block does no	and cannot be ot meet the a	prior to date o pplicable sta	f filing or more tutory filing re	than 90 days af	otional) iter filing.) Pursu his date will n	ant to 605. ot be liste
record specifies a del The 90th day after the			t not an e	ffective tim	e, at 12:01	l a.m. on th	ne earlie
ted <u>October 3</u> Luie	?	_, <u>20</u>	) <i>[</i>				

Page 3 of 3

Filing Fee: \$25.00