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## **COVER LETTER**

	egistration Sect			
CHDIECT		ning Service, LLC		
SUBJECT	•	Name of Lim	ited Liability Company	
The enclos	sed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please retu	rn all correspond	dence concerning this matter	to the following:	
		Roberto Neuberger		
		· · · · · · · · · · · · · · · · · · ·	Name of Person	
		Active Filings LLC		
			Firm/Company	
		381 E. Sheridan St. #112		
			Address	
		Dania Beach, FL 33004		
			City/State and Zip Code	
		operations@activefilings.co		
		E-mail address: (	to be used for future annual report notifi	cation)
For further	information cor	cerning this matter, please ca	all:	
Roberto N	Roberto Neuberger 800 609-2521 at (			
	Name of I	Person	Area Code Daytime	Telephone Number
Enclosed i	s 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

Griffin's Cleaning Service, LLC  (Name of the Limited Liability C) (A Florida Lin	Company as it now appears on our reconited Liability Company)	ords.)
The Articles of Organization for this Limited Liability Com Florida document number L16000082004	pany were filed on April 26, 2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "Li	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		, C3
Principal office address MUST BE A STREET ADDRES	SS)	
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		1: 28 0RID
		<del>&gt;</del>
B. If amending the registered agent and/or registere egistered agent and/or the new registered office address		rds, <u>enter the name of the</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	ress
		FloridaZip Code
	City	Zip Coae

## 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, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = : Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Geniesha Griffin	585 East 56th Street	
		Jacksonville, FL 32208	■ Remove
			Add
			Remove
			□ Change
-			Add
			☐ Remove
			Change
			Add
			Remove
			☐ Change
			Add
			□ Remove
			Change Add
			Add TI
			ST PRemove 28
			☐ Change

). If amending any other inforn	nation, enter change(s) here: (Attach additional sheets, ij	f necessary.)
t		
<u></u>		
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<del>-</del>		
Note: If the date inserted in this document's effective date on the	nust be specific and cannot be prior to date of filing or more than 90 days block does not meet the applicable statutory filing requirement Department of State's records.  ed effective date, but not an effective time, at 12:	s, this date will not be listed as the
Dated May 2nd	. 2016	_
	Johns Ellem	
<del></del>	Signatu (99 Production of a member	
	Joshwa Griffin Typed or printed name of signee	70 m
	Typed of printed name of signee	1: 2 STAT LORI
	Page 3 of 3	om ø

Filing Fee: \$25.00