11600001284

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



000297826870

04/14/17--01026--009 **25.09

O SIMMONS APR 17 2017

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: All-Star Cleaning Solutions 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:
ASHLLY ABSVLY Name of Person
All-Star Cleaning Solutions
SYOUZ VILLE ROLL Address
CCVICINCYN FC 32011 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \Bigcup \$55.00 Filing Fee & \Bigcup \$60.00 Filing Fee,

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

Certificate of Status

Registration Section Division of Corporations P.O. Box 6327

STREET/COURIER ADDRESS:

Certificate of Status & Certified Copy (additional copy is enclosed)

Registration Section Division of Corporations Clifton Building

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(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 Com Florida document number	pany were filed on <u>S = 1</u> EU	() - \(() \) and assigned
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 designatio	n "LLC" or the abbreviation "L.L.C"
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address Name of New Registered Agent:	d office address on our re here:	ecords, <u>enter the name of the new</u>
New Registered Office Address:		
	Enter Florida street	address
		, Florida Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing Registered Ag	ent:	

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> being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR Wher	Ashuy Abshu	SUOUZ VIKKI Rd Callaba Fl. 72011	🗖 Add
			□ Remove
			Change
			Add
			□ Remove
			Change
			Add
			□ Remove
			Change
			□ Add
			□ Remove
			Change
		·	□ Add
	□ Remo	_□ Remove	
		-	Change
		····	□ Add
			_□ Remove
			_□ Change

. If amending any other		change(s) here: (Attach add		ssary.)
Im		adding		11-
(ASM	ly Abs	sher) to	Auth	orized
ORIS	2006			
\				
				
-				
				
-				<u>. </u>
	<u> </u>			
				.
Effective date, if other (If an effective date is listed, to Note: If the date inscrete document's effective date.	the date must be specific and in this block does not t	d cannot be prior to date of filing a meet the applicable statutory f	(option or more than 90 days after 4 lling requirements, this	nal) iling.) Pursuant to 605.0207 (date will not be listed as th
the record specifies a) The 90th day after	delayed effective of the record is filed.	date, but not an effectiv	e time, at 12:01 a.	m. on the earlier of:
Dated April	12th	nember or authorized representa	ive of a member	
<u> </u>	shly	Typed or printed name of signed		

Page 3 of 3

Filing Fee: \$25.00