L16000095968

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
(Do	cument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	

Office Use Only



500289102275

08/16/16--01027--008 **25.00

TO AUG 16 PH 2: 15
SECRETARY OF SIMILE

P. HARVE

COVER LETTER

	egistration Sei vision of Corp			
SUBJECT	ESPERANZ	A CLEANING SERVICES O	F TAMPA BAY	
	•		ted Liability Company	
		Amendment and fee(s) are sub	_	
Please retui	rn all correspoi	ndence concerning this matter t	to the following:	
		JACQUELINE SANDOVA	N L	
			Name of Person	
		SERVICES UNLIMITED		
			Firm/Company	
		22095 US HWY 19		
			Address	
		CLEARWATER, FLORID	A 33765	
			City/State and Zip Code	
		SERVICESUNLIMITED20 E-mail address: (1	11@GMAIL.COM to be used for future annual report notifies	ation)
For further	information co	oncerning this matter, please ca		
JACQUEL	INE SANDO	VAL	727 645-2856	
	Name of	f Person	at ()	elephone Number
Enclosed is	s a check for th	ne 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**

(Name of the Limited Liability Co		
(A Florida Lim	ompany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp	pany were filed on 05/16/2016	and assigned
Florida document number L16000095968		
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 I	Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES.	<u> </u>	
·		<u> </u>
		美国 第二章
Enter new mailing address, if applicable:	•	्रे क
(Mailing address MAY BE A POST OFFICE BOX)		ma P
		5 N C
		高麗 元
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	. Flori	da
	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.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) a	uthorized to manage,	enter the title,	name, and	address of eacl	n person	being added
or removed from our records:	•					

MGR =	Manager	,
AMBR =	Authorized	Membe

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	ESPERANZA HERNANDEZ	1826 BELLEMEADE DRIVE	∃ Add
		CLEARWATER, FL 33765	□ Remove
			☐ Change
MGRM	JACQUELINE SANDOVAL	1826 BELLEMEADE DRIVE	
		CLEARWATER, FL 33765	■ Remove
			Change
			Add
			Remove
			Change
4-2-24-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-			
			□ Remove
			- Lichange
	-		Add
			☐ Remove
		OA OA DE	Change
			🗆 Add
		<u> </u>	□ Remove
			Change

· · · · · · · · · · · · · · · · · · ·			*****************	,, ,, ,, , , , , , , , , , , , , , , ,	
					
_	,			-	
					
					
					_
				,	
				······································	
		00/00/2016			
ffective date, if other than t an effective date is listed, the date r	he date of fili	ng:	a data af filian and	(opt	ional)
ote: If the date inserted in this	block does not	meet the applica	ble statutory fili	ng requirements, th	is date will not be listed a
ocument's effective date on the	Department of	State's records,			
record enecifies a delay	ad affactive	data but mat	an offertive	time at 17:01	a man am tha cardiar s
e record specifies a delay The 90th day after the r			an effective	time, at 12:01	a.m. on the earlier t
	_				16 SE
ated	<u> </u>	2016	-· ^		THE THE
/	/				55 5
—— <i>—</i>	Signature of	member or author	rized representativ	e of a member	
//	Digitature of a	i member of author	izeu representativ	e of a member	3 2 17
JACQUELINE SANI	OOVAL				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00