116000131039

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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S. WARREN AUG 2 5 2017



August 3, 2017

VIVIANNETTE DIAZ 1548 ABBERTON DRIVE ORLANDO, FL 32837

SUBJECT: VC CLEANERS LLC Ref. Number: L16000131039

We have received your document for VC CLEANERS LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

The document number of the name conflict is P14000061372 V&C SOLUTIONS CORP.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Warren Regulatory Specialist II

www.sunbiz.org

Letter Number: 717A00015750

Division of Communities D.O. DOV 6207 Well-house Florida 20214

COVER LETTER

TO:	Registration Section Division of Corpora	tions			
SUBJ	ECT:	VC Cle	aners LL (ted Liability Company		
The er	nclosed Articles of Amer	ndment and fee(s) are subm	nitted for filing.		
Please	e return all corresponden	ce concerning this matter t	o the following:		
		Viu	iannette Di Name of Person	aw	
	_	<u></u>	Firm/Company		
	_	154	+8 Abbertan Address	2 Dc.	
			City/State and Zip Code	_ 308	37
	_	Nette E-mail address: (to	8603 (a) ho o be used for future annual re	tmail.	<u>(((((((((((((((((((((((((((((((((((((</u>
For fu	erther information concer	ning this matter, please ca	II:		
_	Viviannette Name of Pers	Diaz	at (407)	574 - Daytime Tele	159 G phone Number
Enclos	sed is a check for the fol	lowing amount:			
□ \$2	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

VC C	leaners LLC	
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our to a Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability C	J	12, 2016 and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lim</u>	ited liability company here:	developments IIC.
The new name must be distinguishable and contain the words "Lin	nited 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 ADDI	RESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		cords, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:	P	
	Enter Florida street i	address
-	City	, Florida
	Cuy	гір Соле

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 trability 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
			Remove
			☐ Change
			□ Remove
			Change
			Add
			Remove
			☐ Change
			☐ Remove
			☐ Change
			Add
			Remove
			I> □:Œhanoe
			Degremove
			(T) Chunga

If amending any other information, enter change(s), here: (Attach additional sheets, if	
any lawful Business for the for which the limited liability	purpose.
for which the limited liability	Company
is organized.	• 5
	······
	···
	<u></u>
Effective date, if other than the date of filing:	(optional)
(If an effective date, if other than the date of filing. (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 day. Note: If the date inserted in this block does not meet the applicable statutory filing requirement document's effective date on the Department of State's records.	rs after filing.) Pursuant to 605.0207
the record specifies a delayed effective date, but not an effective time, at 12	:01 a.m. on the earlier of
) The 90th day after the record is filed.	17
1. 1	<u> </u>
Dated 7/25/17	AUG 24
Virianto Nia	
Signature of a member or authorized representative of a member	\$?
Villiannette Diam Typed or printed name of signee	06

Page 3 of 3

Filing Fee: \$25.00