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(Re	equestor's Name)	
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DECRETARY OF STATE

AUG 0 7 2017 J SHIVERS

· COVER LETTER

TO: Registration Section Division of Corporation	s	
SUBJECT: BA	Ruch Cleaning Services LLC Name of Limited Liability Company	
The enclosed Articles of Amendme	ent and fee(s) are submitted for filing.	
Please return all correspondence co	oncerning this matter to the following:	
	Cristina Penilos Name of Person	
	Firm/Company	
	2610 Coconet Bay In 1D	
	SARASOTA FL 34737 City/State and Zip Code Luis_opticall@yahoo.com E-mail address: (to be used for future annual report notification)	
For further information concerning	this matter, please call:	
CRISTING PIX	at (94) 915-2794 Area Code Daytime Telephone Number	
Enclosed is a check for the followi	ng amount:	
	.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enc	
MAILING ADE Registration Sect Division of Corp P.O. Box 6327	tion Registration Section	

Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		es LLC	·	
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on a Limited Liability Company)	our records.)		
he Articles of Organization for this Limited Liability (Company were filed on	7/15/16	and assig	ned
lorida document number <u>L160001334</u> 0			•	
his amendment is submitted to amend the following:				
If amending name, enter the new name of the lim	nited liability company here:			
he new name must be distinguishable and contain the words "Lir	nited Liability Company," the design	nation "LLC" or the	4 abbreviation "L.L. I	C."
Inter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADD	RESS)			
nter new mailing address, if applicable:	*****			
Mailing address MAY BE A POST OFFICE BOX)				
s. If amending the registered agent and/or regi	atamad affice address on se			C 44
egistered agent and/or the new registered office add		n records, ente	i the name u	tile lie
			13.5 13.5 13.5 13.5 13.5 13.5 13.5 13.5	
Name of New Registered Agent:			<u> 역원 숙</u>	
New Registered Office Address:				• . •
	Enter Florida s	street address	07.7	
<u> </u>		, Florida _	57 5	
	City		Zip Code	
ew Registered Agent's Signature, if changing Register	d Agent:			
hereby accept the appointment as registered agent rovisions of all statutes relative to the proper and o ecept the obligations of my position as registered a eing filed to merely reflect a change in the register company has been notified in writing of this change	complete performance of my igent as provided for in Chaj ed office address, I hereby c	duties, and Lam pter 605, F.S. O	familiar with r, if this docum	and ent is
	If Changing Registered Agent	Signature of New I	logistared Apant	

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 **Title** <u>Name</u> **Address Type of Action** Flaydee Marann Saenz 2610 Coconst Bay LNAID Dadd
SARASOTA, FL 34237 | DRem □ Change □ Add ☐ Remove ☐ Change □ Add □ Remove □ Change □ Add ☐ Remove ☐ Change □ ∧dd □ Remove ☐ Change □ Add ☐ Remove

☐ Change

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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and coordinate. If the date inserted in this block does not me ocument's effective date on the Department of Sta	et the applicable st	of filing or more than atutory filing require	(optional) 90 days after filing- ements, this date) Pursua will no	nt to 605.020 t be listed a
	te, but not an o	effective time, a	t 12:01 a.m.	on the	e earlier o
	ity but not un				
e record specifies a delayed effective da The 90th day after the record is filed. ated	<u> </u>	epresentative of a men			

Page 3 of 3

Filing Fee: \$25.00