# 116000139094

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SECRETARY OF STATE

K. SALY SEP 2 2 2016

## **COVER LETTER**

Div	ision of Corp	orations		
SUBJECT:	TAMPAS F	L CLEANING SERVICES LI	LC .	
SCHILCT.		Name of Limi	ited Liability Company	<del></del>
The enclosed	l Articles of A	amendment and fee(s) are subr	mitted for filing.	
Please return	all correspon	dence concerning this matter t	to the following:	
		EDUARDO GOMEZ		
		·	Name of Person	<del></del>
		TAMPAS FL CLEANING	SERVICES LLC	
			are submitted for filing.  matter to the following:  EZ  Name of Person  ANING SERVICES LLC  Firm/Company  OND DRIVE APT 202 MAILBOX 2302  Address  City/State and Zip Code  CLLC@GMAIL.COM  Iddress: (to be used for future annual report notification)  Idease call:  106  1706  172-0345  1706  Area Code  Daytime Telephone Number	
		3706 COOPERS POND D	RIVE APT 202 MAILBOX 2302	
			Address	Daytime Telephone Number  \$60.00 Filing Fee, Certificate of Status & Certified Copy
		TAMPA FL 33614		
		MTCONSULTSRVCLLC@		
		E-mail address: (t	to be used for future annual report notific	ation)
For further in	nformation co	ncerning this matter, please ca	dl:	
EDUARDO	GOMEZ			
· · · · · · · · · · · · · · · · · · ·	Name of	Person		Telephone Number
Enclosed is a	check for the	e following amount:		
■ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy

MAILING ADDRESS:

TO:

**Registration Section** 

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

2016 SEP 19 PH 4:51
PALLAH MARY OF STATE ORIGINAL

### TAMPAS FL CLEANING SERVICES LLC

(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 I	iability Company	were filed on 07/25/2016	and assigned
Florida document number L16000139094	<del></del>		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liab	ility company here:	
N/A			
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	N/A	
(Principal office address MUST BE A STRE		N/A	
	<del>_</del>	N/A	
Enter new mailing address, if applicable:		N/A	
(Mailing address MAY BE A POST OFFICE	' ROY)	N/A	
Truthing dataress MAT BE AT OUT OFFICE	<u> BUAJ</u>	N/A	
B. If amending the registered agent and registered agent and/or the new registered of	_		ds, enter the name of the ne
Name of New Registered Agent:	<u>N/A</u>		
New Registered Office Address:	N/A		
		Enter Florida street addr	ess
	N/A	, F	Ilorida
		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) 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>	<u>Address</u>	Type of Action
AMBR	EDUARDO GOMEZ	3706 COOPERS POND DRIVE	<b>■</b> Add
		APT 202 MAILBOX 2302	□ Remove
		TAMPA FL 33614	Change
AMBR	AMALIA ROXANA Ceptitos Hernandez	3706 COOPERS POND DRIVE	■ Add
	celling harkness.	APT 202 MAILBOX 2302	☐ Remove
		TAMPA FL 33614	☐ Change
			□ Add
			Remove Change
			Add Add Remove
<del></del>		<del></del>	□ Add
			□ Remove
			☐ Change
			Remove
			□ Change

Decause the bank says that there are ru  athorized persons so I cannot open a bank  account. (see attached drownert)  AMBR: Eduardo Comez  AMBR: AMalia Roxana Cerritus Hernandez  AMBR: AMalia Roxana Cerritus Hernandez  Comez  AMBR: AMalia Roxana Cerritus Hernandez  Comez  In effective date, if other than the date of filing:  (optional)  (an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing). Pursuant to 605.020 Morte: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a focument's effective date on the Department of State's records.  The Poth day after the record is filed.  Dated  Only 14  Comez  Signature of a member or authorized representative of a member  EDUARDO GOMEZ	If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)  Please all myself & Spare as authorized persons
account. (see attached downer)  AMBR: Eduardu Gomez  AMBR: AMAlia Roxana Cerritus Hernandez.  AMBR: AMalia Roxana Cerritus Hernandez.  In effective date, if other than the date of filing:  [In effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 Mote; If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records.  The 90th day after the record is filed.  Signature of a member or authorized representative of a member.		•
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EDUARDO GOMEZ		Signature of a member or authorized representative of a member
Typed or printed name of signee		

Page 3 of 3

Filing Fee: \$25.00