## 4/6000/39935

(Re	equestor's Name)		_
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(C	ity/State/Zip/Phone #	)	
PICK-UP	☐ WAIT	MAIL	
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JUN 1 8 2019 LALBRITTON

## **COVER LETTER**

TO: Registration Division of	Section Corporations
LRD CI SUBJECT:	EANING SERVICES LLC
SUBJECT:	Name of Limited Liability Company
The enclosed Articles	of Amendment and fee(s) are submitted for filing.
Please return all corre	spondence concerning this matter to the following:
	DANIEL ROJAS
	Name of Person
	UND Cleaning services, LLC.
	1545 THETFORD CIRCLE
	Address
	ORLANDO, FL 32824
	City/State and Zip Code DANIEL.ROJAS@LRDMULTISERVICES.COM
	E-mail address: (to be used for future annual report notification)
For further information	concerning this matter, please call:
DANIEL ROJAS	407 257-0990 at(
Nam	of Person Area Code Daytime Telephone Number

☐ \$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

■ \$30.00 Filing Fee &

Certificate of Status

□ \$25.00 Filing Fee

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

□ \$60.00 Filing Fee,

Certified Copy (additional copy is enclosed)

Certificate of Status &

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LRD 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 Liability Company were filed on 07/26/2016 and assigned Florida document number \_ L16000139935 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: LRD MULTISERVICES LLC The new name must be distinguishable and contain the words "Limited 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 ADDRESS) M70 E. OSCECIA YKWY #328 Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: DANIEL ROJAS Name of New Registered Agent: 1545 THETFORD CIR New Registered Office Address:

## 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.

City

ORLANDO

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

, Fiorida 32824 Zip Code

Page 1 of 3

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
	Daniel Proja	1545 Thetford CIV Criando FL 32824	🗖 Add
mar		Crlando FL 32824	□ Remove
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E. Effective date, if other than the da (If an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Department.	te of filing:
If the record specifies a delayed e	fective date, but not an effective time, at $12\!:\!01$ a.m. on the earlier of is filed.
Dated JANUARY 22	2019
Dated JANUARY 22	. 2019
Dated	2019

Page 3 of 3

Filing Fee: \$25.00