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SECRETARY OF STATE
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COVER LETTER

Div	ision of Cor	porations		
SUBJECT:	Eco Simon	Cleaning Services & Property	Maintenance	
sonjeci.		Name of Lim	ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing	
		ndence concerning this matter	-	
		Annie Jean Simon		
			Name of Person	
			Firm/Company	
		206 waterway village ct		
Address			Address	
		Greenacres , FL, 33413		
		cindyannie2611@hotmail.c	City/State and Zip Code om	
		E-mail address: (to be used for future annual report notifi	cation)
For further in	nformation co	oncerning this matter, please ca	all:	
Annie Jean Simon			561 7274828	
	Name of	l Person	at () Area Code Daytime	Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$25.00 F	iling 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:

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

Eco Simon Cleaning Services & Property Mai	ntenance LLC	
(<u>Name of the Limited Liability</u> (A Florida I	Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	mpany were filed on <u>07/28/2016</u>	and assigned
Florida document number 1.16000141489		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
Eco Simon LLC		
The new name must be distinguishable and contain the words "Limit	ed 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 ADDRI	ess)	· .
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registeredistered agent and/or the new registered office address. Name of New Registered Agent:	ered office address on our records, g	SECULT III
	•	
New Registered Office Address:	Enter Florida street address	
	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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			Add
			Remove
			Change
			Add
			□ Remove
			Change
			□ Add
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ctive date, if other than the effective date is listed, the date must	be specific and cannot be	e prior to date of filir	g or more than 90 day	(optional) s after filing.) Pursuant	to 605.0
If the date inserted in this bloment's effective date on the De	ck does not meet the	applicable statutor	y filing requirement	s, this date will not l	be listed
ecord specifies a delayed		ut not an effect	ive time, at 12	:01 a.m. on the	earlier
e 90th day after the reco	ord is filed.				
d 10/02/2019	ajs				
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00