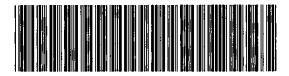
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(Re	equestor's Name)	
(Ad	dress)	· · · · · · · · · · · · · · · · · · ·
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(Cit	ty/State/Zip/Phon	e #)
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D. SCOTT MAY 9 2017

COVER LETTER

10:	Division of Cor		er per en	See The Second S		
SUBJE	A2Z Cleani	ing Services Of Tampabay, LL	С		•	
	<u></u>	Name of Lim	ited Liability Company			
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please re	eturn all correspo	ndence concerning this matter	to the following:			
		Lenore V. Nix				
			Name of Person			
			Firm/Company			
		12012 Aqua Rock Dr				
			Address			
		Thonotosassa FL 33592			•	
			City/State and Zip Code		1 PEG 13 PEG 17 PEG 17 PEG 17 PEG 18	
		a2zrcservices@gmail.com			國養工	
For furtl	ner information c	E-mail address: (oncerning this matter, please c	to be used for future annual report notif all:	ication)	ENERGY OF S	1
Lenore			813 517.6612 at ()			ر
	Name o	f Person	Area Code Daytime	: Telephone Number	52	
Enclose	d is a check for th	ne following amount:		\bigcirc		
□ \$25.	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	

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

This amendment is submitted to amend the following	llowing:		
A. If amending name, enter the new name	of the limited liab	ility company here:	
A2Z Residential & Commercial Services, LLC			
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter now principal offices address if appli	icobla:	12012 Aqua Rock Dr	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		Thonotosassa FL 33592	
A Trincipus Office address MODI DL A DING	LI NODICEUS)		

C-4			
• • • • • • • • • • • • • • • • • • • •	n note		
• • • • • • • • • • • • • • • • • • • •	E <i>BOX</i>)		
• • • • • • • • • • • • • • • • • • • •	<u> </u>		- 1 S - 17
Mailing address MAY BE A POST OFFICE		ffice address on our records ent	er the name of the
Mailing address MAY BE A POST OFFICE 3. If amending the registered agent and	d/or registered of		er the name of the
Mailing address MAY BE A POST OFFICE B. If amending the registered agent and	d/or registered of		er the name of the
Mailing address MAY BE A POST OFFICE B. If amending the registered agent and	d/or registered of		記させ
Mailing address MAY BE A POST OFFICE B. If amending the registered agent and registered agent and/or the new registered of New Registered Agent:	d/or registered of office address here	<u>e</u> :	記させ
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent: New Registered Office Address:	d/or registered of	<u>e</u> :	MASSEE PLOI
(Mailing address MAY BE A POST OFFICE B. If amending the registered agent and registered agent and/or the new registered of New Registered Agent:	d/or registered of office address here	e: ock Dr	M -8 M 8 52 MASSEE PLONING

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

enoue V. Mrx

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
MGR Lenore V. Nix	Lenore V. Nix	12012 Aqua Rock Dr	≅ Add
	Thonotosassa FL 33592	□ Remove	
			☐ Change
· · · · · · · · · · · · · · · · · · ·			Add
			☐ Remove
			Change
			□ Add
			☐ Remove
			☐ Change
			Add
			Remove ALC Remove ALC Remove
			Add & OT Remove
			☐ Change
			☐ Remove
			□ Change

We need to amend the r	hame of our business and add registered agent
 	
· · · · · · · · · · · · · · · · · · ·	
E. Effective date, if other than	n the date of filing: (optional)
(If an effective date is listed, the da	te must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605:0207 (3
document's effective date on	his block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.
If the record specifies a del (b) The 90th day after the	layed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
,	52 Exp. 52
Dated May 2	, 2017
	Lener V. Ma
 	Signature of a member or authorized representative of a member
Lenore V. Nix	
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00