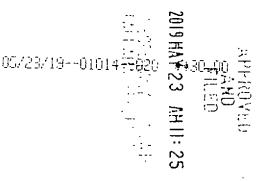
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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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T GLASS
JUN 0 8 2019

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Cleaning fower Name of Limited Liabi	AUC LLC.
Name of Limited Liabi	lity Company
The enclosed Articles of Amendment and fee(s) are submitted fo	or filing.
Please return all correspondence concerning this matter to the following	Howing:
Cisneros farri	A Ana Victoria
Cleaning fowe	V AVC LLC
3593 Wiles	Rd. Afto 106
	Address
eoconut creek	Address Flory' ol 4 33073 tate and Zip Code
Cleaning fower E-mail address: (to be used	A YC P & m 21 / . wm If for future annual report notification)
For further information concerning this matter, please call:	·
Pisneros Parca Ana Victoria	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
Certificate of Status	5.00 Filing Fee & S60.00 Filing Fee, certified Copy dditional copy is enclosed) Certified Copy (additional copy is enclosed)
MAILING ADDRESS: Registration Section Division of Corporations	STREET/COURIER ADDRESS: Registration Section Division of Corporations
P.O. Box 6327	Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

_		AUC LLC
(Nam	e of the Limited Liab	hility Company as it now appears on our records.)

(A F	Ionda Limited Li	ability Company)			
The Articles of Organization for this Limited Liabil	ity Company	vere filed on Qq	12/20	16 and assi	gned
Florida document number <u>L1600016 98</u>	<u> 32</u>				
This amendment is submitted to amend the following	ig:				
A. If amending name, enter the new name of the	limited liabil	ity company here:			
The new name must be distinguishable and contain the words	"Limited Liabili	y Company," the designati	on "LLC" or the ab	breviation "L.I	C."
Enter new principal offices address, if applicable	::				
(Principal office address MUST BE A STREET A	ļ			201 ¹	
					 نز
				- 0	<u> </u>
					一层各部
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX	2				
				<u></u> <u></u>	
	isnero	s for 1 A A A A A A A A A A A A A A A A A A	ng VicTo Afto 10 er address	on'a 06	
e .	oconut	CYEEK	Florida	330	73
-	 	City	, 1.01.102	Zip Code	
New Registered Agent's Signature, if changing Regi	stered Agent;				
I hereby accept the appointment as registered as provisions of all statutes relative to the proper a accept the obligations of my position as register being filed to merely reflect a change in the regi company has been notified in writing of this cha	nd complete led agent as p stered office inge.	performance of my du rovided for in Chapte	ities, and I am j er 605, F.S. Or, firm that the lin	familiar with if this docu nited liabili	h and ment is ty
		aoa			

Page 1 of 3

MGR = Ma	nager thorized Member		
Title	<u>Name</u>	Address	Type of Action
AMBR	GARLIA R. WISON A.	3596 wiles rd. 4/1106	Add
		coconut creek, F/, 3307	Remove
			Change
AMBR	cisneros P. Ana Victo	n'A 3593 wiles rd. pot	1040 Add
		eoconut creek, F1, 3307	3 □ Remove
			Change
MGR	cisneros P. Ana Vid	COCONUT Creek, F1, 330	106 Add
		eoconut creex, F1, 330	<u>}3</u> □ Remove
			□ Change
			2019 HAY 2 3 CHARD Remitive
			2 Final Remove
			Change
			Add
			□ Remove
			Change
			Add
			Remove
			☐ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

or removed from our records:

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ective (date, if other	r than the	date of fi	ling:	bé prior t	date of fili	ng of mon	than 90 da	(option	nal)	uant to 6	05 02
te: If the	he date inserte 's effective da	ed in this blo	ock does n	ot meet th	e applica	ble statuto	ry filing r	equireme	nts, this	date will r	not be li	isted a
cumen	S effective da	ic on the D	cparament.	or state s								
record	d specifies	a delayed	d effectiv	e date,	but not	an effec	tive tin	ne, at 1	2:01 a	.m. on t	he ear	dier -
	th day afte											
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	/			ØL.	Pisn	eno	5					
			Signature o	of a membe	r or autho	rized repres	entative of	a member		-		
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Filing Fee: \$25.00