# 116000192720

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Certified Copies	Certificates of Status				
Special Instructions to	Filing Officer:				

Office Use Only



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## FLORIDA DEPARTMENT OF STATE Division of Corporations

November 16, 2016

VICTORIA BENNETTS 2051 OLD HC LAKE ALFRED RD LAKE ALFRED, FL 33850

SUBJECT: PREMIUM PROFESSIONAL CLEANING LLC

Ref. Number: L16000192720

RECEIVED

2016 DEC -1 PM 12: 34

SEGRETARY OF STATE
AND AHASSEE, FLORIDA

We have received your document for PREMIUM PROFESSIONAL CLEANING LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The EIN number is incorrect, please correct and return to office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia I Simmons Regulatory Specialist II

Letter Number: 216A00024603

#### **COVER LETTER**

Division of Corp			
SUBJECT: Pre mi	um Profe	SSional Clea	ining LLE
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Victoria L	. Bennetts Name of Person	· · · · · · · · · · · · · · · · · · ·
	Premium Pro	fessional Cleaning	LLL_
	2051 Old HC	Lake Alfred Rd Address	
	Lake Alfred 1	FL 33850 City/State and Zip Code	
	Poc. 11c@ 00 E-mail address: (1	L.COM to be used for future annual report notifi	cation)
For further information co	ncerning this matter, please ca		
Victoria L Bar Name of	NCUS Person	at (%3) 52/50 Area Code Daytime	5 / Telephone Number
Enclosed is a check for the	following amount:		
\$25.00 Filing 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: 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 ÁMENDMENT TO ARTICLES OF ORGANIZATION OF

Premium Prot	Fessiona/ bility Company as it now apper orida Limited Liability Company	Cleaning	2 4	40	
(A Flo	rida Limited Liability Company	ears on our records.)		_	
The Articles of Organization for this Limited Liability	y Company were filed on _	16-19-20	/6 and	assigne	:d
Florida document number <u>(/6000/9272</u>	<u>? O</u> .				
This amendment is submitted to amend the following	·• ·•				
A. If amending name, enter the new name of the li	imited liability company	here:			
The new name must be distinguishable and contain the words "I	imited Liability Company" the	decignation "II (" or the ab	hreviation	<del>درا</del> ( ب	<del>,</del> -
	similar Elability Company, and	designation lies of the at		30	-7-9
Enter new principal offices address, if applicable:	<del> </del>		<u>*</u> 99	<u></u>	1, 1
<u>(Principal office address MUST BE A STREET AD)</u>	DRESS)				
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Enter new mailing address, if applicable:			喜	ယ္ဟ	
(Mailing address MAY BE A POST OFFICE BOX)			Ū.		
	<del> </del>				-
	-				<del></del>
B. If amending the registered agent and/or reg	gistered office address o	on our records, <u>enter</u>	the nam	e of t	ne new
registered agent and/or the new registered office ac	<u>ddress here</u> :				
		•			
Name of New Registered Agent:					<b></b>
New Registered Office Address:					
	Enter Fl	orida street address			
		, Florida			
	City		Zip Coa	te	

#### 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>	Address	Type of Action
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Note: If the	e date inserted in the effective date on t	nis block does no	t meet the	applicable stati	utory fil	ing require	ements, th	is date	will not be	listed as th
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Filing Fee: \$25.00