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| Special Instructions to | Filing Officer: | |
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COVÉR LETTER

| TO: Registration S Division of Co | | • | |
|-----------------------------------|---|---|---|
| D' FAMIL | LY CLEANING SERVICES LLO | C | |
| SUBJECT: | Name of Lim | ited Liability Company | |
| The enclosed Articles o | f Amendment and fee(s) are sub- | mitted for filing. | |
| Please return all corresp | oondence concerning this matter | to the following: | |
| | DORILA TEJERA DE PEI | REZ | |
| | | Name of Person | |
| | D' FAMILY CLEANING S | SERVICES LLC | |
| | | Firm/Company | |
| | 308 BIRCHWOOD DRIVI | 3 | |
| | | Address | |
| | DAVENPORT FL 33897 | | |
| | | City/State and Zip Code | |
| | D'FAMILYSERVICES@G! | | |
| | E-mail address: (1 | o be used for future annual report notif | ication) |
| For further information | concerning this matter, please ca | ill: | |
| DORILA TEJERA DE | PEREZ | 407 4584684 | |
| Name | of Person | at () Area Code Daytime | 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 AMENDMENT TO ARTICLES OF ORGANIZATION OF

D' FAMILY CLEANING SERVICES LLC

| (<u>Name of the Limited Liability Compa</u> (A Florida Limited I | iny as it now appears on our records.) Liability Company) | |
|---|--|---|
| The Articles of Organization for this Limited Liability Company | were filed on 12/27/2016 | and assigned |
| Florida document number L16000232656 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | |
| D' FAMILY PAINTING AND CLEANING SERVICES LLC | | |
| The new name must be distinguishable and contain the words "Limited Liabi | lity Company," the designation "LLC" or the | abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | 1370 RAINTREE BEND | |
| (Principal office address MUST BE A STREET ADDRESS) | APT 204 | , Marina |
| | CLERMONT FL 34714 | 5 |
| | | |
| Enter new mailing address, if applicable: | 1370 RAINTREE BEND | Ġ |
| (Mailing address MAY BE A POST OFFICE BOX) | APT 204 | الإستانية - المراجعة - المراجعة |
| | CLERMONT FL 34714 | <i>i</i> :5 |
| | | |

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:

| | City | Zip Code | |
|--------------------------------|-------------------------|-----------|---|
| _ | | , Florida | _ |
| | Enter Florida street ad | ldress | |
| New Registered Office Address: | | | |
| Name of New Registered Agent: | | | |

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> **Name Address Type of Action** _□ Add ☐ Remove ☐ Change □ Add _□ Remove ☐ Change _□ Add □ Remove? ☐ Change \square Add ☐ Remove ☐ Change _□ Add □ Remove _ Change

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| fective date, if other than to the effective date is listed, the date. | must be specific and cannot be prior to date of filing or mor | (optional) re than 90 days after filing.) Pursuant to 605.02 |
| | s block does not meet the applicable statutory filing be Department of State's records. | requirements, this date will not be listed a |
| edition 3 checite date on the | . Department of State & records. | |
| record specifies a delay | yed effective date, but not an effective tir | ne at 12:01 a m on the earlier |
| The 90th day after the r | ecord is filed. | ne, at 12.01 a.m. on the curren |
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| ited | 2017 | |
| | Signature of a member or authorized representative o | |
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00