(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer	7/18
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M. MILLIGAN APR 2 4 2018

# **COVER LETTER**

COVER BETTER
TO: Registration Section Division of Corporations
SUBJECT: Rame of Limited Liability Company  Subject: Rame of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Prooble Horales Name of Person
BB Profesional Cleaning Services LLC
14501 Cittle Oakley Court
Orlando Flarida 32824 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Prodol Roman Marie of Person at (407) 797-2870  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \Bigcup \$55.00 Filing Fee & \Bigcup \$60.00 Filing Fee, Certificate of Status & Certificate of Status &

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

### STREET/COURIER ADDRESS:

Certified Copy

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(additional copy is enclosed)

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

C PAR 10 PA 3:50

R B Profession (Name of the Limited L.) (A F	iability Company as it now appears on our	vices UC 23.
The Articles of Organization for this Limited Liabil Florida document number		/03 / 17 and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the Procession of The new name must be distinguishable and contain the words  Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A	CLICES LLC "Limited Liability Company." the designation:	on "LLC" or the abbreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stre	et address
_	Cin	, Florida
	City	гір Соае

## 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 = MS $AMBR = AS$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			Add
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			Add
			□ Remove
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ffective date, if other the an effective date is listed, the lote: If the date inserted is ocument's effective date of	n this block does not on the Department of	meet the applicable s State's records.	statutory filing require	ements, this date will	not be listed as
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The 90th day after t	he record is filed	. <u>2018</u> 	representative of a men		18 APR 18

Filing Fee: \$25.00