# 1700017046

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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> 17 AUG 31 PR 3: ZI SECRETARY OF STATE FALLAHASSEE, FLORID

S. WARREN SEP 0 1 2017



August 25, 2017

DONDRE BROWN 5583 JONQUIL CIR, APT. 106 NAPLES, FL 34109

SUBJECT: BLINK CLEANING SERVICES LLC

Ref. Number: L17000017046

We have received your document for BLINK CLEANING SERVICES 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):

MISSING PAGE 2 AND 3 WITH SIGNATURE

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.

Letter Number: 517A00017593

Stacey M Warren Regulatory Specialist II

www.sunbiz.org

Division of the property of th

## **COVER LETTER**

Division of Cor			
SUBJECT: BLT	NK CIEANI Name of Lime	MG SERVIC	ES LLC
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Don	Name of Person	<u></u>
	C <u>le</u>	Firm-Company	<del></del>
		conqui) cir ap	106
	naples	/ F1 341001 City/State and Zip Code	
	Donore of E-mail address: (1	City/State and Zip Code  One of the code o	tification)
For further information of	concerning this matter, please ca		
Dondre Name o	Brann of Person	at (954) 5 L12 Area Code) Daytin	ne Felephone Number
Enclosed is a check for the	he following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy	☐ \$60.00 Filing Fee, 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

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

(Name of the Entitled Liability College (A Florida Limited I	Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (	were filed on $\frac{\int d^2 r^2 r^2 r^2 r^2 r^2 r^2 r^2}{2}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab  The new name must be distinguishable and contain the words "Limited Liabiletics".	ility company here:
	1101-C Sign Control of
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	EF10 Mar 30' way #70!
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	ffice address on our records, enter the name of the new $\underline{\mathbf{e}}$ :
Name of New Registered Agent:  New Registered Office Address:  11 0 1 - C	Enter Florida street address
	Florida 3011 0
I hereby accept the appointment as registered agent and agr	ee to act in this capacity. I further agree to comply with the

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

Page 1 of 3

3 Agent 3 Agent 3 Agent 3 Agent 3 Agent 5 ATE 5 FLORID/ 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 = A	uthorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	Donne Brown	5610 Marigdd way apt Naples, Fl 34109	201 DAdd
		Maples, F1 34109	Remove
			Change
<del> </del>			Add
			Remove
			Change
			Add
			Remove
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			FILE CHANGE ALLESSEE,
			ED ED
			FLORIDA
			☐ Change

If amend	ling any other information, enter change(s) here: (Attach additional sheets, if nece	essary.)
<del></del>		
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		····
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-		····
(If an effecti Note: If t document	date, if other than the date of filing:  (option ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after the date inserted in this block does not meet the applicable statutory filing requirements, this it's effective date on the Department of State's records.	filing.) Pursuant to 605.0207 date will not be listed as
	d specifies a delayed effective date, but not an effective time, at 12:01 a Oth day after the record is filed.	ini. On the eather o
Dated <u></u>	<u> </u>	74. <b>17</b>
	Delland/	A A
	Signature of a member or authorized representative of a member	AUG 31 PA
	Dondte Stown Typed or printed name of signee	
	1,78ec et Ettines argue et etBue	STA STA

Filing Fee: \$25.00