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COVER LETTER

Division of Corp	orations		
SUBJECT: <u>VELAZO</u>	VEZ J (LEANING SE Name of Limit	ERVICES LLC ed Liability Company	
The enclosed Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please return all correspon	dence concerning this matter t	o the following:	
		RIQUE VELAZQUEZ Name of Person	
	VELAZ QUEZ 3	CLEANING SERVICES LA Firm/Company	<u> </u>
		G Ebbtide PVE Address	
	STUART,	FL US 34997 City/State and Zip Code	
	E-mail address: (1	R B AMIL. COM	cation)
For further information co	oncerning this matter, please ca	all:	
ENRIQUE VGC	AZQUEL Person	at (<u>772</u>) <u>634 - 6</u> Area Code Daytime	CILS Telephone Number
Enclosed is a check for th	e 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:

TO:

Registration Section

Registration Section
Division of Corporations
P.O. Box 6327

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company (A Florida Limited Liability Company)	SERVICES //C as it now appears on our records.) billity Company)	
The Articles of Organization for this Limited Liability Company was Florida document number	no la laces	and ensigned TALL
This amendment is submitted to amend the following:		25 - M
A. If amending name, enter the new name of the limited liability ENRIQUE CLEANING SERVICES LLC The new name must be distinguishable and contain the words "Limited Liability		abbreviation "IRC."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	3114 SE ORANGE STURRY, FL 34997	TREE PL
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3114 Sc ORANGE StUART, FL 34497	tree Pi
B. If amending the registered agent and/or registered office address here:	ice address on our records, <u>ent</u>	er the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	Zip Code

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 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
			Add
			□ Remove
			Change
			☐ Remove
			Change
			Add
			☐ Remove
			Change
			Remove
			Change
			Add
			□ Remove
			Change
			Remove
			☐ Change

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(If an effect Note: If	date, if other than the dative date is listed, the date must be the date inserted in this blocker's effective date on the Department.	specific and cannot be priced does not meet the appli	icable statutory filing r	(optional) than 90 days after filing.) I equirements, this date w	Pursuant to 605.0207 ill not be listed as
the reco	d specifies a delayed e Oth day after the record	ffective date, but n d is filed.	ot an effective tim	ne, at 12:01 a.m. o	n the earlier of
Dated	April 23	201°	<u>2</u> .		
	Sig	gnature of a member or aut	horized representative of	a member	
		ENRIQUE V	EIAZDIIEZ		