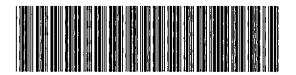
1/700083245

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400300114784

06/12/17--01027--014 **25.00

17 JUN 12 PH 4: 24
SECRETARY OF STATE
TAIL ANASSEE, FLORID

S. WARREN JUN 1 2 2017

COVER LETTER

	Registration Se Division of Cor			
SUBJEC	т:]	DR. TLC CLE	ANING SERVICE	LLC
		Name of Lim	ited Liability Company	•
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	urn all correspo	ndence concerning this matter	to the following:	
		DANIL	Name of Person	
		_	LE CLEANING S Firm/Company	ERVICE, LLC
		711 F	ERDINAND DR Address	
		PENSI	COLA, FL 325 City/State and Zip Code	507
			PAN @ COX . N ET to be used for future annual report notif	
For furthe	er information co	oncerning this matter, please ca	all:	
<u> </u>	DANILO	A. LANUZO	at (<u>850</u>) <u>619</u> - Area Code Daytime	0578
	Name of	reson	Area Code Dayume	relephone Number
Enclosed	is a check for th	e following amount:		
\$25.0	0 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

DR. TLC CLEANING	SERVICE, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records. Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L17000083245</u> .	were filed on APRIL 13, 2017 and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	 	_	
Enter new principal offices address, if applicable:	N/A		
(Principal office address MUST BE A STREET ADDRESS)		_	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	_ _ _	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		new	
Name of New Registered Agent:	N/A	_	
New Registered Office Address:		_	
	Enter Florida street address		
	, Florida	_	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as pe being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is		

Page 1 of 3

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 = M $AMBR = A$	lanager authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AR	NYMPHA G. LANUZO	711 FERDINAND DR	Add
		PENSACOLA, FL 32507	Remove
			Change
AR	AURELIA M.GARCIA	711 FERINAND DR	Add
		PENSACOLA, FL 32507	Remove
			☐ Change
		········	Remove
			Change
			□ Add
			Remove
			Change
			🗆 Add
		ALL MIASS	Remove
		EE, FLORIDA	
			□ Remove

	ŀ	NA						
		14//	·.					
							· · · · · · · · · · · · · · · · · · ·	
						· · · · · · · · · · · · · · · · · · ·		
								
 								
							·	
<u> </u>						<u>,</u>		
			· · · · · · · · · · · · · · · · · · ·					_
								
. .								_
								
fective date,	if other than	the date of fili	ing:			(optional)	ı	
n effective data	e inserted in th	is block does not	t meet the app	licable statutory	or more than 90 da filing requiremer	ys after filing its, this date	.) Pursuant to will not be l	605.020 isted a
ote: If the dat	ctive date on t	he Department of	f State's recor	ds.				
ote: If the dat								
ote: If the date cument's effer record spe		ayed effective record is filed		not an effecti	ve time, at 12	:01 a.m.	on the ea	rlier (
ote: If the date cument's effect record specifies 90th decord spec	ay after the	record is filed	d.		ve time, at 12	::01 a.m.	on the ea	rlier (
ote: If the date cument's effect record specifies 90th decord spec	ay after the	record is filed	d.		ve time, at 12	:01 a.m.	on the ea	rlier (
ote: If the date cument's effect record specifies for the specific formula of the specific for the specific	ay after the	ecord is filed	d. _, 2013 A. La	7	_	:01 a.m.	on the ea	
ote: If the date of the date of the other of	UNE	ecord is filed	d		 ative of a member	:01 a.m.	on the ea	FILE:

Page 3 of 3

Filing Fee: \$25.00