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(Re	questor's Name)	
(Ad	dress)	
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K. SALY OCT 27 2517

COVER LETTER

	Name of Lim	ited Liability Company	÷
he enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
lease return all correspo	ondence concerning this matter	to the following:	
	Gavin Scepersad		
		Name of Person	
		Firm/Company	
	509 South Chickasaw Trai	1 #286	
	·	Address	
	Orlando FL 32825		
	C	City/State and Zip Code	
	Gavin@freshEcoSteam.con E-mail address: (n to be used for future annual report notil	fication)
For further information c	oncerning this matter, please c	all:	·
Gavin Seepersad		407 501-4446	
Name c	of Person	at () Area Code Daytimo	e Telephone Number
Enclosed is a check for t	he 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 Division of Corporations

> 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

201700728 FM 2:40

Fresh Eco Steam Cleaning LLC.

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

* 1 = 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		017	_ and assigned
rida document number L17000090551			
s amendment is submitted to amend the following:			
If amending name, enter the new name of the limited liabi	lity company here:		
new name must be distinguishable and contain the words "Limited Liabil	ity Company," the design	nion "LLC" or the abbre	viation "L.L.Ç."
iter new principal offices address, if applicable:		!	
rincipal office address MUST BE A STREET ADDRESS)			
		· · · · · · · · · · · · · · · · · · ·	
iter new mailing address, if applicable:			
failing address MAY BE A POST OFFICE BOX)	<u> </u>		·
			-
If amending the registered agent and/or registered of gistered agent and/or the new registered office address here		records, enter th	e name of the
		records, <u>enter th</u>	e name of the
istered agent and/or the new registered office address here	<u> </u>		e name of the
Name of New Registered Agent:			e name of the
Name of New Registered Agent:	Enter Florida st		
Name of New Registered Agent: New Registered Office Address:	<u> </u>	rvet address	e name of the
Name of New Registered Agent: New Registered Office Address: We Registered Office Address:	Enter Florida si City	rvet address, Florida	Zip Code
Name of New Registered Agent: New Registered Office Address:	Enter Florida si City Pe to act in this capa performance of my orovided for in Chap	rect address Florida city. I further agreedaties, and I am fanter 605, F.S. Or. if	Zip Code to comply with niliar with and this document is

Page 1 of 3

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
MGR	Valdemar E. Portorreal Acevedo	509 South Chickasaw Trail #286	⊟ Add
		Orlando FL 32825	☐ Remove
			☐ Change
MGR	Valdemar Ernesto		Add
			■ Remove
			Change
			Add
			□ Remove
			Change Stand
			Change Change Remove
			Change
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an effective date <u>ote:</u> If the dat	is listed, the date e inserted in thi		d cannot be prior to meet the applicable	date of filing or more e statutory filing re		iling.) Pursuant to 0	
		yed effective or record is filed.		n effective time	e, at 12:01 a.	.m. on the ea	rlier of:
ated <u>OC</u>	tober	235°C	2017			ı	
		Cianatura a Ca	member or authoriz	ed representative of a	member		l
		Signature or a	memocr of ganon				ļ

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Filing Fee: \$25.00