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(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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11/27/18--01005--011 **25.00

COVER LETTER

TO: Registration Se Division of Cor					
SUBJECT: _CIY	MAX CLEANING LI				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Dena Marci	Name of Person			
	NONE			~ 	
	6436 High M	Firm/Company 16adOW DY.	-	.)	-
	o'Fallon, Mí	Address) 63368		ن آن حن نیا	ラ
	DJANDDENAIS	City/State and Zip Code	ication)		
For further information of	concerning this matter, please c	•	reality.		
Dena Marc	iante	at (850) 899 5	200 Telephone Number	_	
Name C	of Person	Area Code Daytime	retephone 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 For Certificate of S Certified Copy (additional copy is	Status &	

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

Climax Geanina L	LC	
(Name of the Limited Liability (A Florida	ty Company as it now appears on o Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liability C Florida document number LITOOFUTOE	Sompany were filed on	34 30 M and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	<u> </u>	3
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		2) <u>u</u>
B. If amending the registered agent and/or registered agent and/or the new registered office add		records, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida str	reet address
		Florida
	City	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 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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MUR! AMBR	Dena Marciante	10436 High Meadow Dr.	
AMBR		07 alon, MO 63368	Remove
			Change
			□ Remove
			Change
			Add
			Change i
			🗆 Remove
			Change
			🗖 Remove
			Change
			Add
			☐ Remove
			🗆 Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if no	
I would like to remove myself completely from	•
business. I will no longer be affiliated with C	<u>nimax </u>
Cleaning LLC as of November 21, 2018.	
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	٦ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ
	~)
E. Effective date, if other than the date of filing:	otional) her filing.) Pursuant to 605,0207 (3) his date will not be listed as the
f the record specifies a delayed effective date, but not an effective time, at 12:01 b) The 90th day after the record is filed.	l a.m. on the earlier of:
Dated NOVEMBER 21 2018	
Signature of a member or authorized representative of a member	<u> </u>
Dena Marciante Typed or printed name of signee	<u></u>

Page 3 of 3

Filing Fee: \$25.00