## 117000099762

(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



300304675643

10/24/17--01027--003 \*\*25.00

17 OCT 24 AM 8: 18 SEURLIAND OF STATE TALL MICKSEE, FLORID

S. WARREN 0CT 2 5 2017

## **COVER LETTER**

TO: Registration S Division of Co			
	L CLEANING LLC		
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	MARCOS ZENI		
		Name of Person	
	CHRISTAL CLEANING	LLC	
	<del></del>	Firm/Company	<del></del>
	21902 LAKE FOREST CI	R , SUITE 104	
		Address	
	BOCA RATON, FL 33433	3	
		City/State and Zip Code	
	marcoszeni@hotmail.com	to be used for future annual report not	fication
For further information	concerning this matter, please c		meanony
SUSAN DIX		561 756-3030 at ()	
Name	of Person		ne Telephone Number
Enclosed is a check for t	the 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)
Regist Divisi P.O. E	LING ADDRESS: tration Section on of Corporations Box 6327 trassee, FL 32314	STREET/COURI Registration Section Division of Corpo Clifton Building 2661 Executive Co Tallahassee, FL 32	on rations enter Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	ited Liability Company as it now appears (A Florida Limited Liability Company)	s on our records.)	
The Articles of Organization for this Limited I Florida document number	- · · ·	05/04/2017	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liability company he	<u>re</u> :	
The new name must be distinguishable and contain the	words "Limited Liability Company," the do	esignation "LLC" or the a	obreviation "L.L.C."
Enter new principal offices address, if appli	cable: N/A		
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:	N/A		
(Mailing address MAY BE A POST OFFICE	E BOX)		
B. If amending the registered agent and registered agent and/or the new registered of New Registered Agent:		our records, enter	the name of th
	·		
New Registered Office Address:	Enter Flori	da street address	
	City	, 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 Changing Registered Agent, Signature of New Registered Agent-

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	MARCOS ZENI	21902 LAKE FOREST CIR #104	<b>≅</b> Add
		BOCA RATON, FL 33433	Remove
			Change
		· <del>-</del>	
			Remove
			□ Change
			□ Add
			☐ Remove
			Change
		<del></del>	
			Remove
			Change
			Remove  Change
			Add D
			_ ☐ Change

N/A				
	,	<del></del>		
		<del></del>	· <del>-</del> -	
				_
				_
				_
·				_
				_
				_
		<del></del>		_
				_
				_
·	<del></del>			
			<u> </u>	
ativa data if ather than the de	05/01/26	J17	(antional)	
effective date, if other than the da effective date is listed, the date must b	e specific and cannot be prior to d	ate of filing or more than 90	(Optional) days after filing.) Pursuant to	605.020
e: If the date inserted in this block iment's effective date on the Department	k does not meet the applicable	statutory filing requirem	ents, this date will not be l	isted a
•				
record specifies a delayed e	effective date, but not a	n effective time, at	12:01 a.m. on the ea	rlier d
ne 90th day after the recor	d is filed.	,		
, OCTOBER 10	2017			
, OCTOBER TO	2017		<i>₹0</i> _	
ed			———————— <b>~</b>	
ed	Marson Day	* *		
-d	MANCO JENIA Engline of a nember or authorize	d representative of a month		77]
-d	MANCO LEGI gnature of a member or authorize	d representative of a member	0CT 24	<del></del>
-d	MARCOS ZI	·	0CT 24 AH	

Page 3 of 3

Filing Fee: \$25.00