

| (Requestor's Name)                      |
|---|
|   |
| (Address)                               |
|   |
| (Address)                               |
|   |
| (City/State/Zip/Phone #)                |
| (013,70000,2,7,110000,17)               |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
|   |
| Certified Copies Certificates of Status |
|   |
| <u> </u>                                |
| Special Instructions to Filing Officer: |
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Office Use Only



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07/17/17--01021--005 \*\*30.00

17 JUL 14 AM (1: 49

JUL : 8 2017 Y SULE: " **Daniel Crowson** 

(386) 748-5260

1216 Glenwood Road

DeLand, Fl. 32720

Change OF NAME
The Word "Cleaning" To be Added

Than Ke

## **COVER LETTER**

|           | Registration<br>Division of 0 | n Section<br>Corporations  |
|-----------|-------------------------------|--|
| eun IEz   |                               | Dawn LLC   |
| SUBJEC    | ,1; <u>_</u>                  | Name of Limited Liability Company  |
| The encl  | osed Articles                 | s of Amendment and fee(s) are submitted for filing.  |
| Please re | turn all corre                | espondence concerning this matter to the following:  |
|           |                               | Daniel Crowson   |
|           |                               | Name of Person   |
|           |                               | Dust to Dawn   |
|           |                               | Firm/Company   |
|           |                               | 1216 Glenwood Road   |
|           |                               | Address  |
|           |                               | DeLand, Fl. 32720  |
|           |                               | City/State and Zip Code  |
|           |                               | dancrowson1977@gmail.com  E-mail address: (to be used for future annual report notification) |
| For furth | er informatic                 | on concerning this matter, please call:  |
| Daniel C  |                               | at () ne of Person Area Code Daytime Telephone Number  |
|           | Nan                           | ne of Person Area Code Daytime Telephone Number  |
| Enclosed  | l is a check to               | or the following amount:   |
| □ \$25.0  | 00 Filing Fee                 | S S S S S S S S S S S S S S S S S S S  |

MAILING ADDRESS:

TO:

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

| ( <u>Name of the Limited Lia</u><br>(A Flo  | ability Company as it now appears on o<br>orida Limited Liability Company) | ur records.)                            |
|---|--|---|
| The Articles of Organization for this Limited Liabilit Florida document number L17000122761       | y Company were filed on 06/05/20   | and assigned                            |
| This amendment is submitted to amend the following  | ġ:   |   |
| A. If amending name, enter the new name of the l  | limited liability company here:  |   |
| Dust to Dawn Cleaning LLC   |  |   |
| The new name must be distinguishable and contain the words "                                      | Limited 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 AD   |  |   |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)              | <u> </u>   |   |
|   |  | 7 J                                     |
| B. If amending the registered agent and/or re registered agent and/or the new registered office a | egistered office address on our address here:                              | records, enter the name of the new      |
|   |  |   |
| Name of New Registered Agent:   |  | <del></del>                             |
| New Registered Office Address:  |  |   |
|   | Enter Florida str  | eet address                             |
| <u> </u>  |  | 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> | Name           | Address            | Type of Action   |
|--------------|----------------|--------------------|--|
| AMBR         | Daniel Crowson | 1216 Glenwood Road |  |
|              |                |                    | □ Remove   |
|              |                |                    |  |
|              |                |                    | Add  |
|              |                |                    | ☐ Remove   |
|              |                |                    |  |
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|              |                |                    | Change SS:  Change |
|              |                |                    | Change   |
|              | <del></del>    |                    |  |
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|              |                |                    | ☐ Change   |
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|              |                |                    | Change   |

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| ffectiv           | e date, if other than t   | he date of fi                    | 07/13/         | 2017            |                 | (or            | otional'                |                   |                       | 1                 |
| an effe<br>ote: I | e date, if other than to<br>tive date is listed, the date of<br>the date inserted in this | must be specific<br>block does n | and cannot be  | prior to date o | filling or more | than 90 days a | fler filing<br>his date | Pursua<br>will no | an <del>i to</del> 60 | ว.0207<br>เฮ๋ป ปร |
| ocume             | nt's effective date on the  | Department                       | of State's rec | ords.           |                 | 4              |                         | 33.5<br>5.5       | <del>*</del>          |                   |
|                   |   |                                  |                |                 |                 |                | -                       | •                 |                       |                   |
|                   | ord specifies a delay<br>90th day after the r   |                                  |                | t not an el     | fective tim     | e, at 12:0     | 1 a.m.                  | on th             | e earl                | ier of            |
|                   |   |                                  |                |                 |                 |                |                         |                   |                       |                   |
| (                 | 07/13/2017  |                                  |                | ·               |                 |                |                         |                   |                       |                   |
| Pated _           |   |                                  |                |                 |                 |                |                         |                   |                       |                   |
| ated _            | Daniel<br>Dan   | Cande                            | _              |                 |                 |                |                         |                   |                       |                   |

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Typed or printed name of signee

Filing Fee: \$25.00