

L17000123883

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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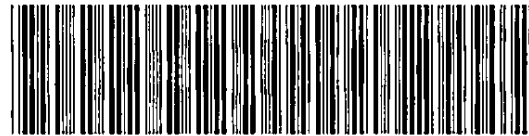
(Business Entity Name)

(Document Number)

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

JUN 20 2017

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Crime Fighters LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jesse Reece  
Name of Person

\_\_\_\_\_  
Firm/Company

5695 SE Collins Ave  
Address

Stuart Fla 34997  
City/State and Zip Code

BeeJs2@AOL.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jesse Reece at ( 772 ) 200 6905  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

Grime Fighters LLC

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

The Articles of Organization for this Limited Liability Company were filed on June 6, 2017 and assigned Florida document number L17000123883.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Florida Grime Stoppers LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

5695 SE Collins Ave  
Stuart Fla 34997

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

po box 701  
port Salerno Fla 34992

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street 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>	<u>Address</u>	<u>Type of Action</u>
MGR	Joshua B. Zill	11090 SE Federal Hwy	<input checked="" type="checkbox"/> Add
		10746 Hobe sound Fla 33455	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

17 JUN 18 AM 8:49  
CLERK OF THE DISTRICT COURT  
TALLAHASSEE, FLORIDA

17 JUN 19 AM 0:49  
OFFICE OF STATE  
TALLAHASSEE, FLORIDA

17 JUN 18 AM 8:49  
 MILANASSE, FLORIDA

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) **Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated June 14, 2017

Signature of \_\_\_\_\_ member or authorized representative of a member

Jesse Reece  
Typed or printed name of signee