117000163521

(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



200302276882

08/14/17--01020--008 **30.00

SEGRETARY OF STATE
ALLAHASSEE, FLORIDA

OF 15/17

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Emergency Maid Service 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:
Joseph M. Cline Name of Person
Emergency Maid Service
8525 Lithia Pinecrest Rd Address
Lithia FL 33547 City/State and Zip Code
Email address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Joseph M. Cline at (740) 590 - 8216 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status □ Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certified Copy (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

EMERGENCY MAID SERVICE LLC

(<u>Name of the Limited</u> (A	Liability Company as Florida Limited Liabili	it now ap ty Compar	pears on our records. ny)	.)	
		filed on	August 1	st 2017 and	assigned
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C." Enter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new					
A. If amending name, enter the new name of the	Articles of Organization for this Limited Liability Company were filed on August 1st 2017 and assigned da document number 17000 163521. amendment is submitted to amend the following: f amending name, enter the new name of the limited liability company here: ew name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Ir new principal offices address, if applicable: Company				
The new name must be distinguishable and contain the word	ls "Limited Liability Co	ompany," t	he designation "LLC"	or the abbreviation	"L.L.C."
Enter new principal offices address, if applicab	le:			SE	17
(Principal office address MUST BE A STREET A	<u> 4DDRESS)</u>			CAHASSEE.	<u>₩</u>
Enter new mailing address, if applicable:				FLO FST	≆ □
	<u></u>			RIDA.	
B. If amending the registered agent and/or registered agent and/or the new registered offic	registered office e address here:	address	on our records,	enter the nam	ne of the new
Name of New Registered Agent:	Joseph	<u> M.</u>	Cline		-
New Registered Office Address:		Enter	Florida street address		
			, Flor	-ida	
-		lity	,	Zip Co	xle

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.

Zip Code

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 Title Name Address Type of Action Christina Cline 8525 Lithia Pinecrest Rd DAdd AMBR Lithia FL 33547 Remove MGR PAT Change Matthew Green 8525 Lithia Pinecrest Rd DAdd AMBR Lithia FL 33547 DRemove MGR. Change MGB Joseph Cline 8525 Lithia Pinecrest Rd RAdd Lithia FL 33547 Remove ☐ Add ☐ Remove Change ☐ Add ☐ Remove ☐ Change ☐ Change

		
		
		
	-	
	SEE	الـ الـ
	FLOR	<u>3</u> ₹ □
		दि च म ⊁
		<u>-</u> -
		
		·
ffective date, if other than the date of filing: 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.) Po	ursuant to 605.0201
Note: If the date inserted in this block does not meet the applicable statutory to locument's effective date on the Department of State's records.	filing requirements, this date wi	ll not be listed as
e record specifies a delayed effective date, but not an effective	ve time, at 12:01 a.m. on	the earlier o
The 90th day after the record is filed.		
Pated August 9, 2017.		
Christina L. Cli	ne	
Signature of a member or authorized representa	auve of a member	

Page 3 of 3

Filing Fee: \$25.00