L17000165412

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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: JEG	CLEANING SER	VICES OF CENTRA	L FLORIDS LLC
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	6Reta	HEN SONDOVA	L
	146 Clean 126 S	SERVICES OF (SN-TZ) Firm/Company	al Fiorida LLC
	7 Po1	Address LA.	
	Paum Co	City/State and Zip Code	2164
	JGGswid E-mail address: (1		OGMIL. COM
For further information c	concerning this matter, please co	ıll:	
GRETCHEN Name o	Saupo USL of Person	at (386) GL L Area Code Daytim	5 7 4445 e Telephone Number
Enclosed is a check for the	he following amount:		/
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO

ARTICLES OF ORGANIZATION

2920 AUD 20 The Articles of Organization for this Limited Liability Company were filed on Florida document number L17000165412 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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 registered agent and/or the new registered office address here: Name of New Registered Agent:

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

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 2020 AUG 20 ANTH: 37

<u>Title</u>	Name N >	Address	Type of Action
			□Add
			□Change
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rective date, it other than the d in effective date is listed, the date must l	late of filing: (optional) be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207
ote: If the date inserted in this bloc	A does not meet the applicable statutory filing requirements, this date will not be listed as
ocument's effective date on the Dep	partment of State's records.
	date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the
is filed.	
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aled AUBUST	8th 2020
,	
S	ignature of a prember of authorized representative of a member
	JASON SANDOVAL Typed or printed name of signee
	JASON SANDOVAL

Filing Fee: \$25.00