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COVER LETTER

Divi	ision of Corp	orations						
SUBJECT:	Threshold Cleaning, LLC							
Sommer.								
The enclosed	Articles of A	smendment and fee(s) are subr	mitted for filing.					
Please return	all correspor	dence concerning this matter t	to the following:					
		Dorothy M. Bowles						
			Name of Person	· · · · · · · · · · · · · · · · · · ·				
		Threshold Cleaning, LLC						
			Firm/Company	<u> </u>				
		4320 SE 137th ST						
			Address					
		Summerfield, FL 34491						
			City/State and Zip Code					
		Thresholdcleaning@gmail.co						
			o be used for future annual repor	i nonucation)				
For further in	iformation co	ncerning this matter, please ca	11:					
Dorothy M. 1	Bowles		352 233-028					
-	Name of	Person	Area Code D	aytime Telephone Number				
Enclosed is a	check for the	e following amount:						
□ \$25.00 F	iling 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)				

MAILING ADDRESS:

Registration Section

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

Threshold Cleaning, LLC				
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our record Limited Liability Company)	ds.)		
he Articles of Organization for this Limited Liability Co	ompany were filed on August 03, 2017	_	and assigned	
Florida document number L17000165652				
his amendment is submitted to amend the following:				
. If amending name, enter the new name of the limit	ted liability company here:			
ne new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC	C" or the abbrev	viation "L.L.C."	
nter new principal offices address, if applicable:	 			
Principal office addr <u>ess MUST BE A STREET ADDR</u>	ESS)] ::	60 60 60	
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		252	(7) serve	
		<u> </u>	တ် 🖟	
nter new mailing address, if applicable:		'		
Mailing address MAY BE A POST OFFICE BOX)		•		
		3-1	2	
. If amending the registered agent and/or regist registered agent and/or the new registered office address and the new registered office address and the new registered Agent:		ls, <u>enter the</u>	name of the	
N				
New Registered Office Address:	Enter Florida street addre.			
		lorida	2. (1.1	
	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>	Type of Action
<u>AP</u>	Jeffrey E. Zeek	4320 SE 137th ST Summerfield FL	
			Remove
			☐ Change
AMBR	Dorothy M. Bowles	4320 SE 137th ST Summerfield FL	Add
			□ Remove
			☐ Change
			
			Remove
			Change
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te: If the da	te is listed, the date mu ate inserted in this b	olock does not n	neet the applic	able statutory	or more than 90 of filing requirement	lays after filing. ents, this date	.) Pursuant to will not be	605.0: listed
	fective date on the I							
record sp The 90th o	ecifies a delaye day after the rec	ed effective d cord is filed.	late, but no	t an effecti	ve time, at 1	2:01 a.m.	on the ea	rlier
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ead	Augus	it 22	2017	•	11/	13		
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ited) out ty	M.Boe Signature of a r	nember or auth	orized represent	affect of member	<u> </u>	2× 10	d cr

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Filing Fee: \$25.00