## 117000181729

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	<u> </u>
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		I

Office Use Only



000303035490

09/05/17--01027--017 \*\*25.00



D SCOTT SEP 7 2017

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: 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:
Name of Person  Part To To LLC  Firm/Company
4733 SW SU Ha ADE
City/State and Zip Code  City/State and Zip Code
For further information concerning this matter, please call:
Name of Person  at 350  Area Code  Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed)
MAILING ADDRESS: STREET/COURIER ADDRESS:
MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(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 Comp	pany were filed on	and assigned
Florida document number <u>LITCOO181.7</u>	129	•
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
h & R henring's Clouding S	iences LC	
The new name must be distinguishable and contain the words "Emitted	Liability Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	r	· 
(Principal office address MUST BE A STREET ADDRES:	<u>s)</u> _	
Enter now mailing address if annihable.		
Enter new mailing address, if applicable:	<del></del>	
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>	
B. If amending the registered agent and/or registere registered agent and/or the new registered office address	d office address on our : <u>here</u> :	records, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stre	
	r,nier i toriaa siret	
		, Florida
	City	Zin Cada
New Registered Agent's Signature, if changing Registered Ag	City cent:	, Florida Zip Code

amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
R&B Kendra's cleaning Services	
EIN= 82-2599064	
Please add EIN Please	
fective date, if other than the date of filing: 5550 (optional) un 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 ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be	to 605.02 c listed
cument's effective date on the Department of State's records.	•
record specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the $\epsilon$	arlier
Ine sour day after the record is filed.	, ,
ated $8  31 3017$	3
Signature of a member or authorized representative of a member	12 22
Typed or printed name obsignee	<del></del>
Page 3 of 3	

Filing Fee: \$25.00