117000197805

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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October 2, 2017

CLINT E SAENZ 710 VERNON ST FERNANDINA BEACH, FL 32034

SUBJECT: AMILIA ISLAND CLEANING SERVICE LLC

Ref. Number: L17000197805

We have received your document for AMILIA ISLAND CLEANING SERVICE LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 517A00019856

Yasemin Y Sulker Regulatory Specialist II

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Amilia Island Cleaning Service LLC	
(Name of the Limited Liability Company as it now ap (A Florida Limited Liability Compa	ny)
ne Articles of Organization for this Limited Liability Company were filed or	September 25, 2017 and assigned
orida document number L17000197805	
nis amendment is submitted to amend the following:	
If amending name, enter the new name of the limited liability compan	y here:
melia's Cleaning Service, LLC Saenz Carbaial, LLC	
the new name must be distinguishable and contain the words "Limited Liability Company,"	the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	
rincipal office address MUST BE A STREET ADDRESS)	
	17
ter new mailing address, if applicable:	
failing address MAY BE A POST OFFICE BOX)	<u>्र</u> ्
	<u></u>
If amending the registered agent and/or registered office address	s on our records, enter the name of the
gistered agent and/or the new registered office address here:	를 5
	.;
Name of New Registered Agent:	
New Registered Office Address:	
Ente	r 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:

	uthorized Member		Trong of Andron
<u>Title</u>	Name	<u>Address</u>	Type of Action
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ctive date, if other than the effective date is listed, the date mu	date of filing:	no prior to date of fili	no or more than 90 d	_ (optional) lays after filing.) Pu	rsuant to 605.
: If the date inserted in this bl	ock does not meet the	applicable statuto	ry filing requireme	ents, this date wil	I not be liste
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ecord specifies a delaye	d effective date. h	ut not an effec	tive time, at 1	2:01 a.m. on	the earlie
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Filing Fee: \$25.00