## L17000224897

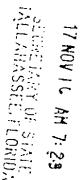
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## **COVER LETTER**

Div	ision of Corp	porations		
SUBJECT:		MULTIPLE SERVICES LLC	•	
ODJECI		Name of Lim	ited Liability Company	
The enclosed	d Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		RENE J TROCHE		
			Name of Person	
		SPOTLESS MULTIPLE S	ERVICES LLC	
		<del></del>	Firm/Company	
		1025 NE 2ND AVE		
			Address	
		CAPE CORAL, FL. 3390	9	
		_	City/State and Zip Code	
		RENE@DPIEXPERTS.CO	M to be used for future annual report noti	
			-	neation)
for further in	nformation co	oncerning this matter, please co	all:	
RENE J TR	OCHE		239 245-4355 at ()	
Name of Person			Area Code Daytim	e Telephone Number
Enclosed is a	eheck for the	e following amount:		
■ \$25.00 F	Filing 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:

TO:

**Registration Section** 

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

SPOTLESS MULTIPLE SERVICES LLC	
( <u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on 10/30/2017 and assigned
Florida document number L17000224897	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>
	≥ ≥ ₹ <b>*</b>
	25 ×
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter 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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	SASKIA L TROCHE	1025 NE 2ND AVE. CAPE CORA	
			■ Remove
			Change
MGR	SASKIA L. ORDONEZ VARGAS	1025 NE 2ND AVE. CAPE CORA	Add
			□ Remove
		<del></del>	Change
			Add
		<del></del>	Remove
			☐ Change
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Effective date, if other than that an effective date is listed, the date in	e date of fil	ling:		Ulina ou maa sha	(option	ial)	o  ፋዕ <b>ኖ</b> በኃብ
Note: If the date inserted in this	block does no	ot meet the ap	plicable statu	tory filing requ	irements, this	ing.) ruistant iate will not b	e listed as
document's effective date on the	Department o	of State's reco	rds.				
ne record specifies a delay	ed effective	e date, but	not an effe	ective time.	at 12:01 a.	m. on the e	earlier o
The 90th day after the re							
Dated NOVEMBER 20TH		2017					
Dated	<del>/}</del>	_·	·				
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00