6.17000246352

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
·	·	
(Cit	y/State/Zip/Phone	- #J
(0	Jrotato Zipri Ilani	,
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
·	•	
Certified Copies	Certificates	of Status
Certified Copies	_ Ochmodes	or Otatus
		
Special Instructions to	Filing Officer:	
	_	

Office Use Only



200308530532

02/06/18--01025--003 **25.00

FILED

MINES -6 A III 16

MINES A III 16

D. SCOTT FEB - 8 2013

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: CONCORD Cleaning Several La. 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:
Please return an correspondence concerning this matter to the following:
Carolane Orcolas
Corolane Cleaning Services U.C.
430 NW 2140+Apt 104 Z
Miami & 33169 City/Stale and Zip Code OPCOLOS A crolos — Policy Code
PCOLOS Carolane & Ughoo. Com E-mail address: (to be used for future almual report notification) For further information concerning this matter, please call:
For further information concerning this matter, please call:
Tarolane Decolas at (786) 406 - 37 19 Name of Person Area Code Daytime Telephone Number
En losed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status S30.00 Filing Fee Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certified Copy (additional copy is enclosed)
MAILING ADDRESS: STREET/COURIER ADDRESS:

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 L. (A F	iability Company as it now appelorida Limited Liability Company	ears on our records.)		
The Articles of Organization for this Limited Liabil Florida document number	ity Company were filed on _ 6352	12/1/2017	and as	signed
This amendment is submitted to amend the followir	ıg:			
A. If amending name, enter the new name of the	limited liability company	<u>here</u> :		
The new name must be distinguishable and contain the words	"Limited Liability Company," the	e designation "LLC" o	r the abbreviation "L	L.C."
Enter new principal offices address, if applicable	: <u></u> _			
(Principal office address MUST BE A STREET A	DDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX B. If amending the registered agent and/or a registered agent and/or the new registered office Name of New Registered Agent:	registered office address (on our records,	2018 FEB - bame SE (2) (2) (3) the name ALLI AHIASSTER FLORES enter FLORES	of the new
-		1.12		
New Registered Office Address:	Enter F.	lorida street address		 _
		, Flori	da	
-	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>	Name	Address	Type of Action
UGR	Cardan Wholas	430 NW244274 104 HONIR, 33469	D Add
			□ Remove
			🗆 Change
			□ Add
			□ Remove
			□ Change
			□ Add
			_□ Remove
			_□ Change
			Add
		AH	Remove
		თგ: m→ c m.	Change-
		무기 등	Remove
			_□ Change
			Add
			_ Remove
			Change

	· · · · · · · · · · · · · · · · · · ·		·
		·	
 ,			
			
<u> </u>			
	•••		
		· · ·	
			<u> </u>
	-	Ž', î	2018
		L AHA	
		<u> </u>	÷ m
			-
		Loanne	; ;
Effective date, if other than the date of filing:		(optional)	لز،
If an effective date is listed, the date must be specific and cannot be Note: If the date inserted in this block does not meet the document's effective date on the Department of State's re-	applicable statutory fi	r more than 90 days after filing.)	Pursuant to 605.0207 (. will not be listed as th
he record specifies a delayed effective date, b The 90th day after the record is filed.	ut not an effective	e time, at 12:01 a.m. o	on the earlier of:
Dated 01/24 . 20	18		
Signature of a member of	or authorized representat	ive of a member	
A 1 1 200 1	C		

Page 3 of 3

Filing Fee: \$25.00