## 117000246672

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## **COVER LETTER**

TO:	Registration Sectorial Division of Corp					
.21/15.112		Cleaning Services of Florid	a. LLC			
SUBJE	CI:	Name of Lim	ited Liability Company			
		mendment and fee(s) are sub	-			
Please r	eturn all correspon	dence concerning this matter	to the following:			
		Kurt D. Zimmerman, Esq.				
Name of Person Zimmerman & Associates, P.A.						
Firm/Company 2400 E. Commercial Blvd., Suite 820						
	Address					
Fort Lauderdale, FL 33308  City/State and Zip Code  kurt@zimmermanlaw.com				5. <b>2</b> 1		
				2018 SEP 13	7	
		•	to be used for future annual report noti	fication)	SEP 13	
For furt	her information cor	ncerning this matter, please c	all:			T
Kurt D.	. Zimmerman, Esq.		954 202-7440 at ()		FLOAT	, ; 1
~~~~	Name of I	<sup>o</sup> erson		e Telephone Number	→ N <b>2</b>	
Enclose	d is a check for the	following amount:				
\$25	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed)	Certified (	of Status &	

MAILING ADDRESS:

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

Sunshine Cleaning Services of Florid	a, LLC	
(Name of the Limited	Liability Company as it now appears on our records.) V Florida Limited Liability Company)	
The Articles of Organization for this Limited Lia Florida document number L17000246672	bility Company were filed on 12/01/2017	and assigned
This amendment is submitted to amend the follow	ving:	
A. If amending name, <u>enter the new name of t</u>	he limited liability company here:	
Sunshine Services of Florida, LLC		
The new name must be distinguishable and contain the wor	rds "Limited Liability Company," the designation "LLC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if applical	ble:	
 (Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered offi	r registered office address on our records, <u>enter</u> <u>ce address here</u> :	the ne
Name of New Registered Agent:		173
New Registered Office Address:		<u> </u>
	Enter Florida street address	* <b>8</b>
	City , Florida	Zip Code
	$\epsilon_{HV}$	ир соаг

## 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 **Title Name** Address Type of Action □ Add ☐ Remove \_□ Change □ Add ☐ Remove \_□ Change \_□ Add ☐ Remove ☐ Change SEP 3 Pige 2: 44. □ Remove \_ Change \_ 🗆 Add \_□ Remove ☐ Change

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Effective	date, if other than the date ive date is listed, the date must be specified the date inserted in this block d	pecific and cannot be prior to do oes not meet the applicable			
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