## 117000247313

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SECRETARY OF SINIF

## **COVER LETTER**

	gistration Sec rision of Corp		•	
SUBJECT:	CSB Cleani			
SUBJECT		Name of Limi	ted Liability Company	
The enclose	d Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return	n all correspo	ndence concerning this matter	to the following:	
		William Voecks	-	
		-	Name of Person	
		CSB Cleaning, LLC		
			Firm/Company	
		2096 Lake Dr	•	
		***	Address	
		Winter Park, FL, 32789		
			City/State and Zip Code	
		billyvoecks@gmail.com	to be used for future annual report notifi	ecation)
For further i	information co	oncerning this matter, please ca		
William Vo	ecks		407 2840745 a <u>t</u> ()	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is	a check for th	ne following amount:		
□ \$25.00°	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)
	MAIL	INC ADDRESS:	STREET/COURIE	FR ADDRESS:

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

CSB Cleaning, LLC		
( <u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appears on our records.) la Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number L17000247313	Company were filed on 12-04-2017	_ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lir	mited Liability Company," the designation "LLC" or the abbre	eviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	ORESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<u></u>	
	-	<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office ado		ne name of the new
Name of New Registered Agent:	<u> </u>	<del>碧夏</del> 和
New Registered Office Address:	Enter Florida street address	SSE EF
	City: Florida	₩ Code
New Registered Agent's Signature, if changing Registere	ed Agent:	> <u>U</u>

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>	<u>Address</u>	Type of Action
CEO	William Voecks	2096 Lake Drive, Winter Park, FL,	
		2096 Lake Drive, Winter Park, FL,	■ Remove
		2096 Lake Drive, Winter Park, FL,	☐ Change
Manger	William Voecks	2096 Lake Drive, Winter Park, FL,	■ Add
			Remove
		2096 Lake Drive, Winter Park, FL,	☐ Change
			Add
		<u> </u>	☐ Remove
			☐ Change
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n effective date te: If the dat	e is listed, the da te inserted in t	n the date of fi te must be specific his block does no the Department o	and cannot of meet the	applicable	ate of filing or n statutory filir	ore than 90 da	(optiona ys after filin its, this dat	g.) Pursua	int to 605.03 it be listed
record spe The 90th d	ecifies a del ay after the	ayed effective record is file	e date, b ed.	out not ar	effective	time, at 12	::01 a.m	. on the	e earlier
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Filing Fee: \$25.00