

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	 y/State/Zip/Phone	e #)
(Requestor's Name) (Address) (City/State/Zip/Phone #) PICK-UP WAIT (Business Entity Name) (Document Number) Certified Copies Certificates of Statu Special Instructions to Filing Officer:	MAIL	
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



600306981656

12/27/17--01004--004 **25.00

18 JAN - 8 PM 2: 49

ALLAHASSEE, FLORID.

in the second

JAN 10 2016 Y SULKER



December 28, 2017

LTC CLEANING SERVICES LLC 2015 RESTON ROAD APT 2219 ORLANDO, FL 32837

SUBJECT: LTC CLEANING SERVICES LLC

Ref. Number: L17000252222

We have received your document for LTC CLEANING SERVICES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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: 817A00026291

Yasemin Y Sulker Regulatory Specialist II

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: LTC Cleaning Servi	CPS LLC	
Name of Lim	ited Liability Company	
The enclosed Articles of Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondence concerning this matter	to the following:	
<u>Carlos</u> F To	NRU .	
	Name of Person	
LTC CLEANING	a services LLC	
	Services LLC Firm/Company	
and Day line	- 2	_
2015 Resitor	1 ROOCH Apt # 221	9
	7.ttm-055	
orlando, Fl	32837	
	City/State and Zip Code	
UTCRONINGSE E-mail address: (1	City/State and Zip Code Y V 1 CES @ 9Mail, COM to be used for future annual report notifica	tion)
For further information concerning this matter, please ca		,
Carlos F Toro	ar(407) 346 486	. X
Name of Person	at (<u>407</u>) <u>346</u> <u>486</u> Area Code Daytime To	elephone Number
Enclosed is a check for the following amount:		
\$25.00 Filing Fee \$30.00 Filing Fee &	□ \$55.00 Filing Fee &	□ \$60.00 Filing Fee,
Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status &
	(additional copy is enclosed)	Certified Copy (additional copy is enclosed)

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

LTC Cleaning ser	vices LLC	
(<u>Name of the Limited L</u> (A F	lability Company as it now appears on our records.) lorida Limited Liability Company)	
The Articles of Organization for this Limited Liabil		
Florida document number L17000252227		and assigned
This amendment is submitted to amend the following	ıg:	
A. If amending name, enter the new name of the	limited liability company here:	
LCT Cleaning Services 1	\.(
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable		
(Principal office address MUST BE A STREET AL		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	
		2:,
B. If amending the registered agent and/or re registered agent and/or the new registered office a	egistered office address on our records, ente	er the name sof the new
and the new registered office a	iddress here:	707
Name of New Registered Agent:		Service Control
		
New Registered Office Address		25 7 1
	Enter Florida street address	□ rr. (0 ≱
	Florida _	
	City	7ip 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
			□ Add
			□ Remove
			Change
			Add
			□ Remove
			Change
			
			Remove
			□ Change
			Remover
			Change
			□ Remove
			Change
			□ Add
			Remove

	Just	her informa NEEd	to	char	vgc_	comp	any	ባልዮ	<u> </u>	from	۔۔ا	Т
	cleaning	79 Serv	cices	to	لرح	deo	inina	Ser	vice	S.		_
_	-								<u> </u>	<u>. </u>		_
										<u> </u>	-	_
_						-		— _ _				_
_			-					<u> </u>		- <u></u>		_
_												
								-				-
							-					-
			· <u> </u>		-							-
_												
												
_			-						-			•
					· <u>-</u>					2	18	-
	-					<u> </u>		 _		<u> </u>	=	
										\(\frac{1}{2}\)	- Z	ï
				· -							:P	ŗ
							_			SiA FLOR	Ň	Ţ
										<u> </u>	6	
ote: If the convent'	date, if other we date is listed, the date inserted is effective date	the date must be d in this block e on the Depa	e specific ar a does not artment of	nd cannot be meet the a State's rec	cords	o omitatory	ming requ	arements,	unis dai	e will not l	be liste	d as
The 90	l specifies a th day after	the record	ffective i I is filed	date, bu	t not a	n effecti	ve time,	at 12:0	1 a.m.	on the	earlie	r o
ited \	2/20/20	/\FIC		·	<u> </u>							
		/· //	, ,									
		11/1					ative of a mo					

Page 3 of 3

Filing Fee: \$25.00