117000257338

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone #)	
(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:		
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(Do	cument Number)	
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CB'S FAITHFUL CLEANING LL	.C			
(Name of the Limi	ted Liability Comp (A Florida Limited	any as it now appears on our Liability Company)	records.)	
The Articles of Organization for this Limited L Florida document number <u>L17000257338</u>	Liability Company	were filed on 12/19/17	and assig	ned
This amendment is submitted to amend the following	lowing:			
A. If amending name, enter the new name of	of the limited liab	oility company here:		
The new name must be distinguishable and contain the	words "Limited Liabi	ility Company," the designation	"LLC" or the abbreviation "L.L.C	3.0
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		1920'ŠŴ 31sT St.Av.		SE
		Apt # 19	7=	LAH AH
		OCALA, FL 34474	22	A S R
Enter new mailing address, if applicable:		1920 SW 31st St.Av.		7 OF 5
(Mailing address MAY BE A POST OFFICE BOX)		Apt # 19		
		OCALA, FL 34474		A
B. If amending the registered agent and registered agent and/or the new registered o			cords, <u>enter the name of</u>	the new
Name of New Registered Agent:	 .			
New Registered Office Address:	1920 SW 31st	St. Av. APT # 19		
		Enter Florida street	address	
	OCALA	City	Florida 34474 Zip Code	
		ciù.	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
			☐ Add
			□ Remove
			□ Change
			□ Remove
			Change
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fective	date, if other tha	n the date of i	ĭling:			(optional)		
ote: If	ve date is listed, the d the date inserted in as effective date on	this block does	not meet the ap	plicable statutor	ng or more than 96 ry filing require:	days after filing.) nents, this date v	Pursuant to 605.0 vill not be listed	207 as
	d specifies a de Oth day after th			not an effec	tive time, at	12:01 a.m. c	on the earlier	of
Jai	nuary 17, 2018							
	. /	: سرارند	, ,					
	1 /12/1/	11/1/1/S	1.51		entative of a mem			

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Typed or printed name of signee

Filing Fee: \$25.00