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COVER LETTER

TO:	Registration Division of	n Section Corporations		
CITO IE		LES CARPET CLEANING LLC		
SUBJE	(.1: <u></u> _	Name of Lin	nted Liability Company	
The ene	losed Articles	s of Amendment and fee(s) are sub	omitted for filing.	
Please r	eturn all corre	espondence concerning this matter	to the following:	
		RODOLFO VILLANUEVA		
		BUBBLES CARPET CLEA	Name of Person NING LLC	<u></u>
		149 SE 26TH TER	Firm/Company	
		CAPE CORAL, FL 33909	Address	
		rudybaddog@gmail.com	City/State and Zip Code	
			to be used for future annual repo	ort notification)
For furt	her informatic	on concerning this matter, please e	all:	
RODO	LFO VILLAN	IUEVA	239 324-5	032
	Nan	ne of Person	Area Code 1	Daytime Telephone Number
Enclose	d is a check fe	or the following amount:		
■ \$25.	.00 Filing Fee	E S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	S60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		AILING ADDRESS:	STREET/C	OURIER 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, F1, 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



BUBBLES CARPET CLEANING LLC

(Name of the Limited Limitity Company as it now appears on our records)

	N/A		Florida	
			la street address	_
New Registered Office Address:	N/A			
Name of New Registered Agent:	N/A			
. If amending the registered agent and/or gistered agent and/or the new registered office			our records, <u>enter</u>	the name of th
		N/A		
<u> Iailing address MAY BE A POST OFFICE BO</u>	<u>2X)</u>	N/A		
Enter new mailing address, if applicable:		N/A		
		N/A		<u>.</u>
Principal office address MUST BE A STREET	<u>ADDRESS)</u>	N/A		
nter new principal offices address, if applicab	N/A			
ie new name must be distinguishable and comain the work	us Timned Liabi		signation "LLC" or the ani	reviation "L.L.C.
UBBLES MULTI-SERVICES, LLC ne new name must be distinguishable and contain the word	1			1.1 1.00
. If amending name, enter the new name of the	he limited liah	ility company her	<u>'e</u> :	
his amendment is submitted to amend the follow	ring:			
lorida document number L18000007039	··			
he Articles of Organization for this Limited Liab	oility Company	were filed on unit		and assigned
ha Articlas of Organization Carthio Limited Link				

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 JAMES WILLIAMS	Address 2278 CENTRAL AVE	Type of Action
MGR		FORT MYERS, FL 33901	D Add
			■ Remove
			☐ Change
			Add
			□ Remove
			Remove -3 PH -56
		 .	P C Remove 7.
			Change
			□ Remove
			☐ Change
			☐ Remove
			□ Change
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			Characa

		
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	11/27/18	7
ective date, if other than the dat	e of filing:	(optional)
effective date is listed, the date must be tet. If the date inserted in this block ument's effective date on the Depar	pecific and cannot be prior to date of filing or more the loss not meet the applicable statutory filing recoment of State's records.	nan 90 days after filing.) Pursuant to 605,0207 juirements, this date will not be listed as
record specifies a delayed ef he 90th day after the record	ective date, but not an effective time is filed.	, at 12:01 a.m. on the earlier of
November 27	2018	
Sign	ature of a member or suthorized representative of a	member
	M. Marian	

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Filing Fee: \$25.00