2/15/2018

Division of Corporations



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(((H18000053251·3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone

: (323)962-8600

Fax Number

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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one demail address please. \*\*

| Email | Address: |      |      |
|-------|----------|------|------|
|       |          | <br> | <br> |
|       |          |      |      |

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TRUEWAY CLEANING SERVICES, LLC

| Certificate of Status | . 0     |
|-----------------------|---------|
| Certified Copy        | 1       |
| Page Count            | 05      |
| Estimated Charge      | \$55.00 |

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## **COVER LETTER**

| 10:       | Division of Cor     |   |  |                 |  |       |
|-----------|---------------------|---|--|-----------------|--|-------|
| SUBJE     | TRUEWA              | Y CLEANING SERVICES                             | S, LL.C  |                 |  |       |
| SOBOL     | ~··                 | Name of Lin                                     | nited Liability Company  |                 |  |       |
|           |                     | Amendment and fee(s) are sub                    |  |                 |  |       |
| Please re | etum all correspo   | indence concerning this matter                  | to the following:  |                 |  |       |
|           |                     | Cheyenne Moseley                                |  |                 |  |       |
|           |                     |   | Name of Person - (3  |                 |  |       |
|           |                     | Legalzoom.com, Inc.                             | t e :  | ٠.;             |  |       |
|           |                     | <u> </u>  | Firm/Company   |                 |  | Agsáh |
|           |                     | 101 N. Brand Blvd., 11t                         | th Floor   |                 |  | ;     |
|           |                     |   | Address  |                 |  |       |
|           |                     | Glendale, CA 91203                              |  |                 |  |       |
|           |                     | mromano@truewayclean                            | City/State and Zip Code  |                 | <del></del>  |       |
|           |                     |   | to be used for future annual                                   | report notifica | tion)  |       |
| For furth | er information co   | oncerning this matter, please c                 | all:   |                 |  |       |
| Cheyen    | ne Moseley          |   |  | 73-0888 ext.    | 9724   |       |
|           | Name of             | l'Person  | at ()<br>Area Code   | Daytime Te      | elephone Number  |       |
| Enclosed  | l is a check for th | e following amount:                             |  |                 |  |       |
| □ \$25.0  | 00 Filing Fee       | □ \$30.00 Filing Fee &<br>Certificate of Status | \$55,00 Filing Fee<br>Certified Copy<br>(additional copy is an |                 | □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |       |
|           |                     |   | į.   |                 |  | 10.00 |

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
Tallabetisee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited Liability Compar<br>(A Florida Limited L  | iv as it now appears on ou<br>inbility Company) | records.)                             |
|--|---|---------------------------------------|
| The Articles of Organization for this Limited Liability Company of Florida document number <u>L18000010227</u> . | were filed on <u>01/11/20</u>                   | 18 and assigned                       |
| This amendment is submitted to amend the following:  |   |                                       |
| A. If amending name, enter the new name of the limited liabi   | lity company here:                              | 18 FF FF                              |
| The new name must be distinguishable and end with the words "Limited Liabi                                       | ility Company," the designa                     | ion "LLC" or the abbreviation "LLC."  |
| Enter new principal offices address, if applicable:  |   | 7 3 31                                |
| (Principal office address MUST BE A STREET ADDRESS)  |   |                                       |
| Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)                            |   |                                       |
| B. If amending the registered agent and/or registered office address here  | हिंद address on our                             | records, enter the name of the new    |
| Name of New Registered Agent:  |   |                                       |
| New Registered Office Address:   |   |                                       |
|  | Enter Plorida stre                              | et address, Florida Zip Code          |
| New Registered Agent's Signature, if changing Registered Agent:  | •   | •                                     |
| I have by goods the approjetment as registered agent and agre-   | on to act in this capac                         | in I further garee to comply with the |

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

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | Name             | Address                   | Type of Action |
|--------------|------------------|---------------------------|----------------|
| AMBR         | MATTHEW J ROMAN  | 4802 ELMHURST RD., APT, 5 |                |
|              |                  | WEST PALM BEACH, FL 33417 | Ø Remove       |
| AMBR         | MATTHEW J ROMANO | 4802 ELMHURST RD., APT. 5 |                |
|              |                  | WEST PALM REACH, FL 33417 | □ Remove       |
|              |                  | , 3m<br>                  | . Sing         |
| AMBR         | NATALIA ROMANO   | 4802 ELMHURST RD., APT. 5 | ☐ Add          |
|              |                  | WEST PALM BEACH, FL 33417 | ☑ Remove       |
| AMBR         | NATALIA MAYO     | 4802 ELMHURST RD., APT. 5 | M Add TI       |
|              |                  | WEST PALM BEACH, FL 33417 | Remove         |
|              |                  |                           | ?<br>Add       |
|              |                  | 180 G                     | □ Remove       |
|              |                  |                           | i s rend       |
|              |                  |                           | Add            |
|              |                  | . <del>.</del>            |                |
|              |                  |                           |                |

To: Page 6 of 6

2/15/2018 7:37:59 AM PST

3239628300 From Meghan Smith

Feb. 6.2018 3:50PM

No. 0600 P. 5/5

|  | S.  |      |
|--|---|------|
|  |   |      |
|  |   |      |
| Effective date, if other than the date of filing: The effective date must be specific, cannot be prior to date of receipt or filed d the date this document is filed by the Florida Department of State) | nte and cannot be more than 90 days after |      |
| Dated January 31st 2018  | 2 Pa                                      |      |
| T " 3184 0000  | 1 representative of a member              | 8 TO |

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Filing Fee: \$25.00