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	(Requestor's Name)	
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	(City/State/Zip/Phone #)	
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	(Document Number)	
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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

DEVISION OF CO.	r por acions		
	ANING SERVICES LLC		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	BLANCA J SONGER		
		Name of Person	
		Firm/Company	
		Address	
	3581 SW 16TH CT, FT L		
		City/State and Zip Code	
	JEANNETTEES@HOTM		
	E-mail address: (to be used for future annual report noti-	ication)
For further information of	concerning this matter, please e	att:	
BLANCA J SONGER		253 761-6612	
Name (of Person	at () Area Code Daytime	e Telephone Number
Enclosed is a check for t	<u>-</u>		
□ \$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)
**	INC A BRIDGE	othert///den	PB ANNOPES.
	ANG ADDRESS: ration Section	STREET/COURI Registration Section	
	on of Corporations lox 6327	Division of Corpor Clifton Building	ations

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

231911111-4 /14 6: 35

BMH CLEANING SERVICES LLC	
(Name of the Limited Liability Con (A Florida Limit	npany as it now appears on our records.) ed Liability Company)
The Articles of Organization for this Limited Liability Compa	any were filed on JANUARY 16, 2018 and assigned
lorida document number 1.18000014449	
his amendment is submitted to amend the following:	
a. If amending name, enter the new name of the limited li	ability company here:
SONGER CLEANING SERVICES LLC	
he new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC" or the abbreviation "L.L.C."
inter new principal offices address, if applicable:	N-A
Principal office address MUST BE A STREET ADDRESS)	
inter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
 If amending the registered agent and/or registered egistered agent and/or the new registered office address h 	office address on our records, <u>enter the name of the name</u> ;
Name of New Registered Agent: N-A	
New Registered Office Address:	
	Enter Florida street address

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			Change
			☐ Remove
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Effective date, if other than the d (If an effective date is listed, the date must be Note: If the date inserted in this bloc document's effective date on the Dep	ck does not meet the applica	able statutory filing requi	(optional) 90 days after filing.) Pursuant to 60 rements, this date will not be lis)5.0207 (3 acd as th
the record specifies a delayed The 90th day after the reco		t an effective time, a	at 12:01 a.m. on the earl	ier of:
Dated NOVEMBER 1	2019	<u> </u>		
		- prized representative of a mo		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00