# 1800020533

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(Address)				
(Address)				
(City/State/Zip/Phone #)				
(Business Entity Name)				
(Document Number)				
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01/29/18--01042--009 \*\*25.00

DIVISION OF COOPERATION 18 JAN 29 PM 3: 46

K. SALY JAN 3-0 ZO18

# COVER LETTER

Registration Section Division of Corporations

TO:

MyStery I: P TOP Cleaning Scivice LLC Name of Limited Liability Company SUBJECT:

The enclosed Articles of Amendment and feets) are submitted for filing.

Please return all correspondence concerning this matter to the following:



For further information concerning this matter, please call:

Enclosed is a check for the following amount:

S25.00 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)

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

TO ARTICLES OF ORGAN OF	IZATION	10 SICH OF THE
	DIZATION	
		AH 20 STICK
Mystery Tip Top ( Lehning Servi Le (Name of the Limited Liability Company as it now (A Florida Limited Liability Co	<u>Appears on our records.</u> ) mpany)	01VISION OF CONDUCTION 18 JAN 29 PM 3:45
The Articles of Organization for this Limited Liability Company were tile	$t_{\rm on} = \frac{1/23/18}{23}$	and assigned
Florida document number <u>L 180000 20533</u>	<b>,</b>	
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liability composition of the limited liability composition of the new name must be distinguishable and contain the word. "Limited Liability Compare Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)</u>		e abbreviation "L.L.C,"
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office add registered agent and/or the new registered office address here:	ress on our records, <u>en</u>	ter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	nter Florida street address	
,		
City	Florida	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, <u>enter the title, name, and address of each person</u> being added <u>or removed from our records</u>:

# MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	JOHN N. WILLIAMS	12805 NN 27AVE APT 107 MIMM, FC 35167	_CFAdd
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			_ Remove
			_□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 01/25/2008 Signature of a member or authorized representative of a member

Kimbreschi Williams Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00