## 118010022489

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EFFECTIVE DATE

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DEC 0 4 2018

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## **COVER LETTER**

Division of Co	orporations		
Padione L SUBJECT:	LC		
<u></u>	Name of Limi	ted Liability Company	
The enclosed Articles o	f Amendment and fee(s) are subr	nitted for filing.	
Please return all corresp	ondence concerning this matter t	to the following:	
	Zenobia Benn		
		Name of Person	
	Padione LLC		
		Firm/Company	
	2065 Dumas Drive		
	<del></del>	Address	· <del></del>
	Deltona, FL 32738		
	weseeweclean@gmail.c	City/State and Zip Code	
	E-mail address; (to	o be used for future annual report notifi	cation)
For further information	concerning this matter, please ca	ll:	
Zenobia Benn		407 437-7462 at ()	
Name	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for	the following amount:		
□ \$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)

MAILING ADDRESS:

TO:

Registration Section

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Padione LLC				<del></del>
(Name of the Limit	ted Liability Compa (A Florida Limited I	n <u>v as it now app</u> Liability Compan	ears on our records.) y)	
The Articles of Organization for this Limited L Florida document numberL18000022989 This amendment is submitted to amend the foll	iability Company			and assigned
			, hara	
A. If amending name, enter the new name of		mity company	<u>liere</u> .	
We See We Clean Janitorial Cleaning Service l	LLC		had designation "I I C" or f	he abbreviation "L.C."
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company. u	he designation time of the	ne abore factor (c.b.c.
Enter new principal offices address, if appli	cable:	N/A		
(Principal office address MUST BE A STRE)				
(ETHICIPAL Office and Care				
Enter new mailing address, if applicable:		N/A		TOWN SON TO LET
(Mailing address MAY BE A POST OFFICE	<u>: BOX)</u>			
				<u> </u>
B. If amending the registered agent and registered agent and/or the new registered of	d/or registered of	office address re:	on our records, <u>er</u>	nter the name of the new
Name of New Registered Agent:	N/A			
New Registered Office Address:	N/A			
New Negistered Office Address		Enter	Florida street address	
	N/A		, Florid	la
		City		Zip Code
New Registered Agent's Signature, if changing	Registered Agent	<u>t:</u>		
I hereby accept the appointment as register provisions of all statutes relative to the proaccept the obligations of my position as reg	red agent and ag	ree to act in t	e oj my aunes, ana i	ат јатинат жин ина

If Changing Registered Agent, Signature of New Registered Agent

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 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	Address	Type of Action
			Add
			Remove
			Change
			☐ Remove
			☐ Change
			Add
	<del>-</del>		
			Change
			Add
			☐ Remove
			Remove
			Change
			Add
<del></del>			Remove
			☐ Change

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			November 28	, 2018			
Effective date, if (If an effective date is I	other than the da listed, the date must be	te of filing: _ specific and can	not be prior to d	ate of filing or mo	(o <sub>l</sub> ore than 90 days a	<b>etional)</b> fter filing.) Pursuant	to 605.02
Note: If the date in	nserted in this block we date on the Depa	does not meet	the applicable				
document s effecti	ve date on the riepa	itilient of State	s records.				
the record specif	fies a delayed e	ffective date	hut not a	n effective ti	ma at 12·0	1 am on the	oarlios
) The 90th day			., but not a	ii checuve d	ille, at 12.0	La.m. on the	carner
Dated November	24	2	018 ————				
	Zenolie Zen	2	,				
	/ I malue	~ <i>f</i> )e	MI				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00