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(Requestor's Name)	
(Address)	800316431278
(Address)	
(City/State/Zip/Phone #)	
(Business Entity Name)	
(Document Number)	08/01/1801003023 ★+60.00
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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Office Use Only	D PH 12: 24 PH 12: 24
	SEP 2018



## FLORIDA DEPARTMENT OF STATE Division of Corporations

August 21, 2018

AL PHILLIPS PO BOX 670362 CORAL SPRINGS, FL 33067

SUBJECT: JANITORIAL & MAINTENANCE EXPERTS LLC Ref. Number: L18000031200

We have received your document for JANITORIAL & MAINTENANCE EXPERTS LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please accept our apology for failing to mention this in our previous letter.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons Regulatory Specialist III

Letter Number: 318A00017248



### FLORIDA DEPARTMENT OF STATE Division of Corporations

August 8, 2018

AL PHILLIPS PO BOX 670362 CORAL SPRINGS, FL 33067

SUBJECT: JANITORIAL & MAINTENANCE EXPERTS LLC Ref. Number: L18000031200

We have received your document for JANITORIAL & MAINTENANCE EXPERTS LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons Regulatory Specialist III

Letter Number: 118A00016370



www.sunbiz.org

Division of Corporations - P.O. BOX 6327 Tallahasson, Florida 32314

# **COVER LETTER**

#### TO: , Registration Section Division of Corporations



The enclosed Articles of Amendment and fee(s) 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:

□ \$25.00 Filing Fee

□ \$30.00 Filing Fee & Certificate of Status □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) Section 2015 Secti

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

ARJICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF				
Jan + OFIAL & Main + E (Name of the Limited Liability Compar (A Florida Limited L	NGNUE EXPENTS LLC iv as it now appears on our records.) iability Company)			
The Articles of Organization for this Limited Liability Company Florida document number <u>L1200031200</u> . This amendment is submitted to amend the following: <b>A. If amending name, <u>enter the new name of the limited liabi</u></b>	H H H			
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	1791 Blownt RD Unit # 704 Pompano Beach FL 33069			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1791 Bloont RD Unit #704 Pompano Beach FL 33069			

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:	Phillips alfred
New Registered Office Address:	1791 Blownt Rib unit # 704
	Pompano Beach Florida 3306 4

# 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, enter the title, name, and address of each person being added or removed from our records:

### MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
EMBR	Philips Alfred	PC bx x 670362	🗆 Add
		Pompure Beach EL 33067	Remove
Ann Bir			Change
PA JA	Phillips Alfred	1791 Blownt BD	Add
		unit = 764 Pompano	Remove
		Bauch FL 33069	Change
			Add
			_ Remove
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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 8 - 2x - 2018 Signature of a member or authorized representative of a member Phillips Alfred Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00