L180000 39150

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

то:		ation Sect n of Corpo				
SUBJE	So.	uth Count	y Cleaning Services LLC			
SOBJE	CI		Name of Lim	ited Liability Company		
The enc	losed Art	ticles of Ar	mendment and fee(s) are sub-	mitted for filing.		
Please re	eturn all	correspond	lence concerning this matter	to the following:		
			Dawn M Flechsig			
				Name of Person		
				Firm/Company		
			3065 Junction Street			
			<u> </u>	Address		
			North Port, FL 34288			
				City/State and Zip Code		
			E-mail address: (1	to be used for future annual re	port notification)	
For furtl	her infor	mation con	cerning this matter, please ca	ali:		
Dawn M	√ Flechs	sig		941 286- at ()	0045	
	<u>-</u> -	Name of P	erson	Area Code	Daytime Telephone Number	
Enclose	d is a che	eck for the	following amount:			
\$25	.00 Filinį	g Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	Certificat sed) Certified	e of Status &

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

South County Cleaning Services LLC		
(Name of the Limited Lia (A Flo	bility Company as it now appears on our rec rida Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liability	y Company were filed on 02/12/2018	and assigned
Florida document number L18000039150		
This amendment is submitted to amend the following	;	
A. If amending name, enter the new name of the l	imited liability company here:	
The new name must be distinguishable and contain the words "	Limited Liability Company," the designation "L	JLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		A TAS
(Principal office address MUST BE A STREET AD	DRESS)	ECRE LLA.
	·	AR HELL
		9 88 88 88 8 8 8 8 8 8 8 8 8 8 8 8 8 8
Enter new mailing address, if applicable:		P
(Mailing address MAY BE A POST OFFICE BOX)		7: LO
Mutang duaress MAT BE AT OST OFFICE BOA		
B. If amending the registered agent and/or re registered agent and/or the new registered office a		rds, enter the name of the new
New CN D to 14		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	dress
		Florida
	City	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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Dawn M Flechsig	3065 Junction St N P FL 34288	⋥ Add
			□ Remove
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ffective date, if oth an effective date is listed Note: If the date inser ocument's effective d	l, the date must be specification this block does	fic and cannot be properties not meet the ap	orior to date of filing of	r more than 90 days aft	t ional) er filing.) Pursuant to 60 iis date will not be lis)5,0207 sted as
e record specifies The 90th day aft	a delayed effecti er the record is f	ive date, but iled.	not an effectiv	e time, at 12:01	a.m. on the earl	ier of
		2018				
ated		,	·			

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Filing Fee: \$25.00