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SECRETARY OF STATE
LONG MASSES FLORIDA

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# **COVER LETTER**

TO: Registration S Division of Co			
E&J CLEA	ANING SERVICES WBG LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	ERICK A. ACANDA VA	LDES	
		Name of Person	
		Firm/Company	
	2519 W KIRBY ST		
		Address	
	TAMPA FL 33614		
	JAYMIE.LIBERTYTAX@	City/State and Zip Code GMAIL.COM	
	E-mail address: (	to be used for future annual report notif	fication)
For further information of	concerning this matter, please c	all:	
ERICK ACANDA		at ( ) 464-4637	
Nume o	nt Person	Area Code Daytime	e Telephone Number
Enclosed is a check for t	he following amount:		
S25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed?	☐ \$60,00 Filing Fee. Certificate of Status & Certified Copy radditional 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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

E&J CLEANING SERVICES WBG LLC	
( <u>Name of the Limited Liabil</u> (A Flord	lity Company as it now appears on our records.) la Limited Liability Company)
The Articles of Organization for this Limited Liability O	Company were filed on MARCH 13, 2018 and assigned
Florida document number L18000065666	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	nited liability company here:
E&J CLEANING SERVICES WGB LLC	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADD	RESS)
Enter new mailing address, if applicable:	9
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office add	stered office address on our records, <u>enter the name of the new</u> <u>lress here</u> :
Name of New Registered Agent:	
New Registered Office Address:	
	Emer Florida street address
	. Florida
	City Zin 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

Title	<u>Name</u>	<u>Address</u>	Type of Action
MGR	JANY ALVAREZ CARMENATE	2519 W KIRBY ST	bbA
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te: If the date inserted in this bit nument's effective date on the D	ock does not meet the appli	cable statutory filing		
ument's effective date on the D	eparanem of State's records	S.		
record specifies a delayed	d effective date, but n	ot an effective tir	ne, at 12:01 a.m. o	n the earlier
he 90th day after the rec				
, MARCH 19	2018			
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ed	Signature of a member or aut			

Page 3 of 3

Filing Fee: \$25.00