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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY UF STATE DIVISION OF COSPORATIONS

M. MILLIGAN APR 2 0 2018

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: DED Janitorial Services and More LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Daphne Jefferson Name of Person
0' 10
P.O.Box 1/3/
Glen S+ Mary F/ 32040
E-mail address: (to be used for warde agricular report notification)
For further information concerning this matter, please call:
DADANE Jefferson at (904), 338-4274 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

DED Janitor	Tial Services and more LLC
(Name of the Limited I	Horida Limited Liability Company)
The Articles of Organization for this Limited Liabi	• • •
This amendment is submitted to amend the following	ng:
A. If amending name, enter the new name of the	e limited liability company here:
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C.
Enter new principal offices address, if applicable	e:
(Principal office address MUST BE A STREET A	(DDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.	<u></u>
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
<u>-</u>	, Florida
_	City Zip Code
New Registered Agent's Signature, if changing Regi	stered 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 Name Type of Action Carlos Jefferson P.O. Change Carling A Jefferson P.O. Bo Change _ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change

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(If an eff <u>Note:</u>	ive date, if other than the date of filing:	07 (3` as the
f the red b) The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.	of:
Dated .	April 12 2018	
	Signature of a member or authorized representative of a member	٠ ٢
	DADME Jetters of Signee Typed or printed name of signee	-1. No. 7:
	Page 3 of 3	SIAI

Filing Fee: \$25.00

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