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(Re	questor's Name)	
(Add	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
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Certified Copies	_ Certificate	s of Status
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## COVER LETTER

aun m		anitorial Service, L.L.C.		
SUBJEC	J1:	Name of Lim	ited Liability Company	
The encl	osed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all corres	spondence concerning this matter	to the following:	
		Sonya M. Summers		
	Loving Janitorial Service   Firm/Company			
		<del></del>	If Service, L.L.C.  Name of Limited Liability Company  Indiment and fee(s) are submitted for filing.  Indiment and fee(s) are submitted for filing.  Indiment and fee(s) are submitted for filing.  Indicate concerning this matter to the following:    Name of Person	
		1845 Taylor Way		
		<del></del>	Address	
		Atlantic Beach, Florida 32	2233	
			City/State and Zip Code	
		<del>-</del>		
		E-mail address: (	to be used for future annual report notif	ication)
For furth	ner informatio	n concerning this matter, please co	all:	
Sonya M	1. Summers			
	Nam	e of Person		Telephone Number
Enclosed	t is a check fo	r the following amount:		
\$25.	00 Filing Fee		Certified Copy	Certificate of Status &

MAILING ADDRESS: Registration Section Division of Corporations

TO:

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

Loving Janitorial Service, L.L.C.		
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)	<del></del>
The Articles of Organization for this Limited Liability Company w		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or the abbrevia	ation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here:		name of the new
Name of New Registered Agent:	→	600
New Registered Office Address:	Enter Florida street address 9	
	, Florida	p Code
New Registered Agent's Signature, if changing Registered Agent:	New York	િછ કુ
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr	performance of my duties, and I am famil	iar with and

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>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Sonya M. Summers	1845 Taylor Way	<b>■</b> Add
		Atlantic Beach, Florida 32233	☐ Remove
			Change
AR	Michael A. James	338 Sargo Road	
		Atlantic Beach, Florida 32233	Remove
			Add
			☐ Remove
			Change
			□ Add
			Remove
			Change
			□ Add
			☐ Remove
			☐ Change
			Add
			Remove
			□ Change

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Effective date, if other the first of the fi	date must be specific a n this block does not	nd cannot be prior t t meet the applica	o date of tiling or n	ore than 90 days after	filing.) Pursuant to	605,0207 listed as
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Dated		2018	_ ·			
Q	<i>a</i> .a. 0			of a member		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00