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ľO:	Registration Section
	Division of Corporations

SUBJECT: FRESH CORNERS CLEANING SERVICES

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:

OLIVIA JURADO
Name of Person
OLIVIA JURADO
Firm/Company
5532 SW 45th ST
Address
OCALA KL 34474
City/State and Zip Code
OJØ427@HOTMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

OLIVIA JURADO at (352) 425-6910

Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

S25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status

☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)

☐ \$60.00 Filing Fee, Certificate of Status & 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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

# FRESH CORNERS CLEANING SERVICE LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on and assigned

04-19-2018

and assigned	
Florida document number <u>L 18000098518</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
FRESH AM) BRIGHT CLEANING SERVICE LL	<u>C</u>

Enter new principal offices address, if applicable:	<b></b>
Principal office address MUST BE A STREET ADDRESS)	20 A
	57 20 TO
Inter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	98 24 24
	A
	ds, enter the name of the new registered age
	ds, enter the name of the new registered age
3. If amending the registered agent and/or registered office address on our recorning the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	ds, <u>enter the name of the new registered age</u>

### 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.

City

Zip Code

### Page 1 of 3

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

□ Келюче

<u>Title</u>	<u>Name</u>	Address	Type of Action
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90th day after the record is filed					
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<u>OLIVIA</u>	TURADO e of a member or authorized represer				•
Signature	a of a mambar or authorized represe	ntative of a member			
	VIA JURADO.				