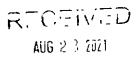
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(Requestor's Name)
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## **COVER LETTER**

O: Registration Section Division of Corporations	
UBJECT: SCC Clean of Limited Liability Company	
he enclosed Articles of Amendment and fee(s) are submitted for filing.	
lease return all correspondence concerning this matter to the following:	
Sherry Adams Name of Person	
SCO Cleaning Services LL	•
- 4124 Katunga Dr. W.	
Ov. Fl. 302 09 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
or further information concerning this matter, please call:	
Sherry Adams  Sherry Adams  Same of Person  at (90-1) 506-7365  Area Code  Daytime Telephone Number	
nclosed 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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

(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.)			
The Articles of Organization for this Limited Liability Company Florida document number $11800098680$ .	were tiled on <u>174–19-2018</u>	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabil.  The new name must be distinguishable and contain the words "Limited Liabil."	P5 11C	bbreviation "L.L.C."		
Enter new principal offices address, if applicable:	7643 4124 Katang	a DRN		
(Principal office address MUST BE A STREET ADDRESS)	Jacksonville, Fl 3)	29		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	7643 Gale Parkw Darksonvill, F132	ay Unt 141-211 2416		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	nddress on our records, <u>enter the nar</u>	ne of the new registered		
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street address			
	, Florida	·		
	City	Zip Code		

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the prayisions of all statutes valution to the agree of all statutes valution to the agree of all statutes valutions as the agree of a statutes and agree of all statutes valutions as the agree of all statutes valutions as the agree of a statutes and agree of a statute value of a stat 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.

New Registered Agent's Signature, if changing 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>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			🗆 Change
			🗆 Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: \_\_\_ \_ (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Signature of a member or authorized representative of a member

•

Filing Fee: \$25.00