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## **COVER LETTER**

#### TO: Registration Section Division of Corporations

ADVANCE CLEANING COMPANY LLC

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						_	-

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:

FLAVIO M GONZALEZ SALINAS

Name of Person

ADVANCE CLEANING COMPANY LLC

Firm/Company

8401 SOUTHSIDE BLVD #409

Address

JACKSONVILLE, FL 32256

City State and Zip Code

E-mail address; (to be used for future annual report notification)

For further information concerning this matter, please call:

 FLAVIO M GONZALEZ SALINAS
 904
 245-9903

 Name of Person

 Area Code
 Daytime Telephone Number

Enclosed is a check for the following amount:

;

📓 - \$25.00 Filing Fee

Certificate of Status

\$55.00 Filing Fee & Certified Copy hadditional 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 Taflahassee, 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

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

The Articles of Organization for this Limited Liability Company Florida document number <u>L18000110917</u>	were filed on <u>05/02/2018</u> and assigned			
This amendment is submitted to amend the following:				
A. If amending name, <u>enter the new name of the limited liah</u>	ility company here:			
The new name must be distinguishable and contain the words "Limited Erabi	hty Company," the designation "1 LC" or the abbreviation "L1 -C,"			
Enter new principal offices address, if applicable:	8401 SOUTHSIDE BLVD #409			
(Principal office address MUST BE A STREET ADDRESS)	JACKSONVILLE, FL 32256			
Enter new mailing address, if applicable:	8401 SOUTHSIDE BLVD #409			
(Mailing address MAY BE A POST OFFICE BOX)	JACKSONVILLE, FL 32256			
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her				

Name of New Registered Agent:		: · :	;== ;==	
New Registered Office Address:			- 	
	Enter Florida street address	· · · · · ·	27 En	, +
	, Florida	,, ⊇ ,,,	<u>ःम</u> ः 	
	Circ	-Zi; {	ല് <sup>ന്</sup>	

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. Thereby 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

<u>Title</u>	Name	Address	Type of Action
			🛛 Add
			🗆 Remove
			Change
			🖸 Add
			🗆 Change
			O Add
		- <u>-</u>	🛛 Remove
		······································	Change
<u></u>		• <del>•••••</del>	D Add
			Change
			🗆 Add
			C Remove
			🗆 Change
			🖸 Add
			Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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.

MAY 30 Dated \_\_ 2018

Kigneture of a member or authorized representative of a member

FLAVIO M GONZALEZ SALINAS

Typed or printed name of signee.

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Filing Fee: \$25.00