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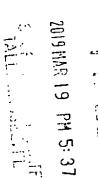
(F	Requestor's Name)	
(/	Address)	
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(4	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(1	Business Entity Name)	
	Document Number)	
, v	Socument (various)	
Certified Copies	Certificates of	Status
Special Instructions	to Filing Officer:	
	<u> </u>	

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03/13/19--01019--013 **25.00





COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT:
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Benton Davis
CDP Investment Grap
19059 Talquin Dr Address
Tallahassee FL 32310 City/State and Zip Code
ashton, davis a southern cleaning solutions net
For further information concerning this matter, please call:
Benton Davis Name of Person at (850) 508-8/22 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:

MAILING ADDRESS:

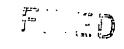
Registration Section Division of Corporations P.O. Box 6327

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



2019 HAR 19 PM 5: 37 The Articles of Organization for this Limited Liability Company were filed on 31 7019 and assigned Florida document number \$5/10742/04 C.C. This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.E.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 office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address _, Florida _ City

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.

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
MGR Prosser, Turne	Prosser, Turner	2711 Prosser Dr	□ Add
		Tallohassee FL 32310	⊠ Remove
			Change
			□ Remove
			Change
			Add
			□ Remove
			□ Change
			□ Add
			□ Remove
			Change
			□ Add
			□ Remove
			Change
			□ Add
			_□ Remove
			_□ Change

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Note:	ive date, if other than the date of filing:
	cord 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.
Dated	March 14 . 20191
	Signature of a member or authorized representative of a member
	Renton Davis

Page 3 of 3

Filing Fee: \$25.00