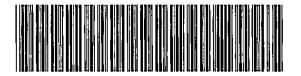
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(Requestor's Name)
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JUN 1 2 2018

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Co	rporations			
AAA GLD	EMOLITION AND CLEANIN	G SERVICES LLC		
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	SHIRLEY TEMPLE			
		Name of Person		
	EPIPHANY ENTERPRIS	E SERVICES LLC		
		Firm/Company		
	PO BOX 1649			
		Address		
	BRANDON, FL 33509			
		City/State and Zip Code		
	LA10129@yahoo.com			
	E-mail address: (to be used for future annual r	eport notification)	
For further information a	forcerning this matter please c	all:		
SHIRLEY TEMPLE		813 952	6865	
Name o	u' Person	Area Code	Daytime Telephone ?	Number
Enclosed is a check for the	he fallowing amount:			
	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is end)	osed) Co	0.00 Filing Fee, ertificate of Status & ertified Copy Mitional copy is enclosed)
Registi Divisio	ING ADDRESS: ration Section on of Corporations ox 6327	Registrati	//COURIER ADDRI on Section of Corporations unlding	ESS:

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited)	d Liability Company as it now appears of A Florida Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Lia	bility Company were tiled on	5/15/18	and assigned
Florida document number1.1800012106	6		
This amendment is submitted to amend the folio	wing:		
A. If amending name, enter the new name of	<u>the limited liability company here</u>	::	
AAA GI CLEANING SERVICES LLC			
The new name must be distinguishable and contain the wo	rds "Limited Liability Company," the desi	gnation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	·—	<u>~</u>
(Principal office address MUST BE A STREET			• ,
			79
			<u>::</u>
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE B	<u> </u>		<u> </u>
			<u>*</u>
B. If amending the registered agent and/o registered agent and/or the new registered offi		ur records, <u>enter</u>	the name of the
Name of New Registered Agent.			
New Registered Office Address:			
·	Enter Flores	street address	
		, Florida	
	City	_	Zip Code

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>	<u>Name</u>	Address	Type of Action
			□ Remove
			☐ Change
			Add
			Remove
			Change
		Add	
			□ Remove
			Change
			Ei Add
			Change
			D Add
			Remove
			☐ Change
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fective date, if other n effective date is listed, tte: If the date inserte cument s effective date	the date must be spec ed in this block doe	itic and cannot not need t	ot be priof to he applicabl		r more than 90		ling.) Pu	
record specifies a The 90th day afte			but not a	en effective	e time, at	12:01 a.	m. on	the earlie
	5	2	2018					
ted <u>JUNE-</u>								
ted <u>June</u>	ende							

Page 3 of 3

Filing Fee: \$25.00