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| (Requestor's Name)  |
|---|
| (Address)   |
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| (Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name) |
| (Business Entity Name)  |
| (Document Number)   |
| Certified Copies Certificates of Status   |
| Special Instructions to Filing Officer:   |
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DIVISION OF CONTROL 38

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## **COVER LETTER**

| Division of C            | -   |   |   |
|--------------------------|---|---|---|
| LJ & RJ<br>SUBJECT:      | CLEANING SERVICES                               |   |   |
|                          | Name of Lim                                     | ited Liability Company  |   |
| The enclosed Articles (  | of Amendment and fee(s) are sub                 | mitted for filing.  |   |
| Please return all corres | pondence concerning this matter                 | to the following:   |   |
|                          | DONNA L. DAVIS                                  |   |   |
|                          |   | Name of Person  | <del></del>   |
|                          | LJ & RJ CLEANING SE                             | RVICES  |   |
|                          | <del></del> ,                                   | Firm/Company  |   |
|                          | 44 KENNINGTON DR.                               |   |   |
|                          |   | Address   |   |
|                          | PENSACOLA, FLORIDA                              | A 32507   |   |
|                          |   | City/State and Zip Code   | <del></del>   |
|                          | DLDAVIS359@YAHOO.                               |   |   |
|                          | E-mail address: (                               | to be used for future annual report notif                                 | ication)  |
| For further information  | concerning this matter, please c                | all:  |   |
| DONNA DAVIS              |   | 850 6025700   |   |
| Name                     | of Person                                       | at ()<br>Area Code Daytime  | Telephone Number  |
| Enclosed is a check for  | the following amount:                           |   |   |
| ■ \$25.00 Filing Fee     | ☐ \$30.00 Filing Fee &<br>Certificate of Status | ☐ \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | □ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
| MAI                      | LING ADDRESS:                                   | STREET/COURT  | FR ANNRESS:   |

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations Cliffon Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| LJ & RJ CLEANING SERVICES   |  |                                      |
|---|--|--------------------------------------|
| (Name of the Limited Liability Compa<br>(A Florida Limited  | any as it now appears on our<br>Liability Company) | records.)                            |
| The Articles of Organization for this Limited Liability Company Florida document number L18000142923                          | 8 and assigned                                     |                                      |
| This amendment is submitted to amend the following:   |  |                                      |
| A. If amending name, enter the new name of the limited liab   | oility company here:                               |                                      |
| The new name must be distinguishable and contain the words "Limited Liabi   | ility Company," the designation                    | n "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:   |  | <del></del>                          |
| (Principal office address MUST BE A STREET ADDRESS)   |  | <b>18 18 18</b>                      |
|   |  | 18 JUN 27 AM II: 38                  |
| Enter new mailing address, if applicable:   |  | 13.55<br>20.55                       |
| (Mailing address MAY BE A POST OFFICE BOX)  |  | <b>X</b> 0.                          |
|   |  | : ဂါ<br>ယ င်<br><b>အ</b> ခု          |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her        |  | ecords, enter the name of the ne     |
| Name of New Registered Agent:   |  |                                      |
| New Registered Office Address:  |  |                                      |
|   | address  |                                      |
|   | , Florida  |                                      |
|   | City   | , Florida<br>Zip Code                |
| New Registered Agent's Signature, if changing Registered Agent:   | <u>:</u>   |                                      |
| I hereby accept the appointment as registered agent and agr<br>provisions of all statutes relative to the proper and complete |  |                                      |

If Changing Registered Agent, Signature of New Registered Agent

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 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 |
|--------------|--------------|--------------------------------|----------------|
| <u>AMBR</u>  | Johnny Reese | 826 Lucerne Ave Pensacola, Fl. | Add            |
|              |              |                                | ■ Remove       |
|              |              |                                | Change         |
|              |              |                                | Add            |
|              |              |                                | ☐ Remove       |
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|              | -            |                                |                |
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| ffective date, if other than the can effective date is listed, the date must lote: If the date inserted in this blo ocument's effective date on the De | he specific and<br>ck does not r | d cannot be price meet the appli | r to date of filin<br>cable statutory | g or more than 9<br>filing require    | (optiona<br>90 days after filin<br>ements, this dat | f)<br>(g.) Pursuant to 60<br>(e will not be lis | )5.020<br>sted a |
| e record specifies a delayed<br>The 90th day after the reco  |                                  |                                  | ot an effect                          | ive time, a                           | t 12:01 a.m   | . on the earl                                   | ier c            |
| 06/18/2018<br>ated   |                                  | 12:01AM                          | ·                                     |                                       |   |   |                  |
|  | £.                               | 74/1/                            | ))                                    |                                       |   |   |                  |
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Filing Fee: \$25.00