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(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
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## **COVER LETTER**

TO: Registration Se Division of Cor					
LUIS CAST	TRO CONSTRUCTION LLC				
	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	indence concerning this matter	to the following:			
	LUIS CARLOS CASTRO				
·		Name of Person			
	LUIS CASTRO CONSTR				
		Firm/Company		•	
	5226 REDSTONE DR				
		Address			
	JACKSONVILLE, FL 327	210		2010 SEP 1	-1
	luisceastro7.le@gmail.com	City/State and Zip Code		年 13 年 13	
	E-mail address: (	to be used for future annual report notifi	cation)		
For further information c	oncerning this matter, please co	all:		Signal Signal	7
LUIS CARLOS CASTR	0	904 535-2556 at ()			
Name o	f Person	at () Area Code Daytime	Telephone Number		
Enclosed is a check for the	ne following amount:				
■ \$25.00 Filing Fee	☐ 530.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	

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
Tailahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## LUIS CASTRO CONSTRUCTION LLC

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

ne Articles of Organization for this Limited Liability Company were filed on $\frac{06/11/2018}{}$ and assigned orida document number $\frac{L18000143768}{}$ .
his amendment is submitted to amend the following:
. If amending name, enter the new name of the limited liability company here:
TO CLEANING LLC
te new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:
Principal office address MUST BE A STREET ADDRESS)
nter new mailing address, if applicable:
Tailing address MAY BE A POST OFFICE BOX)
Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address
— ·
, Florida \(\sigma \sum \frac{\sigma}{\sum \text{\sigma}} \sigma \frac{\sigma}{\sum \text{\sigma}} \)
ew Registered Agent's Signature, if changing Registered Agent:
- Contraction of the Contraction

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
			□ Add
			☐ Remove
			☐ Change
			□ Add
			□ Remove
			☐ ('hange
			20 20 20 E
			EP 130 PH 2: 87
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			Change

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ffective date, if other than the date of filing:	(optional)
an effective date is listed, the date must be specific and cannot be prior to date of the date inserted in this block does not meet the applicable sta	of filing or more than 90 days after filing.) Persuant to 605,020
ocument's effective date on the Department of State's records.	and y fining requirements, one date with not be listed a
e record specifies a delayed effective date, but not an e The 90th day after the record is filed.	ffective time, at 12:01 a.m. on the earlier o
ated SEPTEMBER 10 2018	
ignature of a member or authorized re	epresentative of a member
	1
Luis carlos castro	

Page 3 of 3

Filing Fee: \$25.00