# L18000144233 (Requestor's Name) (Address) 800330119688 (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) 06/07/13--01027--014 \*\*25.00 (Document Number) Certified Copies \_\_\_\_\_ Certificates of Status 2019 JUL - 7 PH 1: 46 1 Special Instructions to Filing Officer: ÷ Office Use Only JUN 24 2019 ALBRITTON

٩

. ,

## **COVER LETTER**

#### TO: **Registration Section Division of Corporations**

anitorial é Kainting, LLC. SUBJECT: nique 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:

Zuleyka Ortiz Ta Firm/Company <u>564 N. Summit Ave.</u> Address <u>Lake Helen, FL 32744</u> City/State and Zip Code Unique JP9 @ gmail-Com E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

at (<u>386)</u> <u>216–6349</u> Area Code Daytime Telephone Number Luis Gimenez Name of Person

Enclosed is a check for the following amount:

S25.00 Filing Fee

□ \$30.00 Filing Fee & Certificate of Status □ \$55.00 Filing Fee & Certified Copy (additional 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 Tallahassee, FL 32314

### STREET/COURIER ADDRESS:

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

ARTICLES OF A TO ARTICLES OF O O	D RGANIZATION
<u>Unique</u> <u>Lanitorial</u> <u>Canada Comparentes </u>	ny as it now appears on our records. nability Company)
The Articles of Organization for this Limited Liability Company Florida document number $\underline{L18000144233}$ .	were filed on <u>6/11/18</u> and assigned
This amendment is submitted to amend the following: A. If amending name, <u>enter the new name of the limited liabi</u>	lity company here:
The new name must be distinguishable and contain the words "Limited Liabil Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	<u>980 Laurel Oaks Ln</u> <u>Orange City, FL 32763</u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	980 Laurel Oaks Ln Orange City, FL 32763
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here.	

New Registered Office Address:

Enter Florida street address

\_\_\_\_\_, Florida \_

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.

City

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being addec or removed from our records:

## MGR = Manager AMBR = Authorized Member

•

.

.

<u>Title</u>	<u>Name</u>	Address	Type of Action
		. <u> </u>	🛛 Add
			🛛 Remove
		·	Change
			🛛 Add
			Change
			🗆 Add
			Remove
			Change
. <u></u> .			O Add
			Change
			O Add
			Change
			Add
			C Remove
			Change

Ð.	f amending any other information	enter change(s) here:	(Attach additional sheets,	if necessary.)
----	----------------------------------	-----------------------	----------------------------	----------------

- .

· · · · · · · · · · · · · · · · · · ·			 
	_		 
			 <u></u>
	n the date of filing:	6/5/19	onal)

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.

Dated June 5 . 2019

Zuly/40 JT. Signature of a chember or authorized representative of a member

Zuleyka Orfiz Torres Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00