

(Re	questor's Name)	-
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
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COVER LETTER

Div	ision of Corp	oorations		
SUBJECT:	SRK Cleanii	ng		
SOBJECT.	-	Name of Limit	ted Liability Company	_
The enclosed	d Articles of A	Amendment and fee(s) are subn	nitted for filing.	
Please return	all correspor	ndence concerning this matter t	o the following:	
		Mireya Benitez		
			Name of Person	
		SRK Cleaning		
			Firm/Company	
		48 Deer Trail Ct		
			Address	
		DeFuniak Springs, FL 3243	33	
		srkcleaningllc@gmail.com	City/State and Zip Code	
		E-mail address: (t	to be used for future annual report notif	ication)
For further i	nformation co	oncerning this matter, please ca	all:	
Mireya Ben	itez		801 940-8019	
	Name o	f Person	at ()	e Telephone Number
Enclosed is	a check for th	ne following amount:		
\$25.00	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

TO:

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

SRK Cleaning		
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) imited Liability Company)	
he Articles of Organization for this Limited Liability Collorida document number L18000168882	mpany were filed on July 12, 2018	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limit	ed liability company here:	
he new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or the	: abbreviation "L.L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRE	<u></u>	
		
		E.
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		3. 0
 If amending the registered agent and/or registe egistered agent and/or the new registered office addre 		er the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida 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
MGR	Mireya Benitez	48 Deer Trail Ct	
		D. C	Add
		DeFuniak Springs, FL 32433	■ Remove
			Change
	Mireya Benitez	48 Deer Trail Ct	
AMBR			Add
		DeFuniak Springs, FL 32433	3 a
			Remove
			Change
			Remove
			□ Remove
			☐:Change
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			Remove
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			Change

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			9/26/201	3			
differential	ate, if other than	must be specific.	and cappot be or	or to date of filing	or more than 90 days	optional) after filing.) Pursuant to 605	5.020
Note: If the	e date inserted in thi	${ m s}$ block does ${ m m}$	ot meet the app	licable statutory	filing requirements	, this date will not be liste	ed a
document's	effective date on th	e Department o	of State's recor	us.			
If the record	enecifies a dela	ved effectiv	e date but i	not an effect	ive time, at 12:	01 a.m. on the earli	er c
(b) The 90t	th day after the	record is file	ed.		· · · · · · · · · · · · · · · · · · ·		
Dated Sept	ember 26		2018	·			
			1/high				

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Typed or printed name of signee

Filing Fee: \$25.00