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Certified Copies	Certificate	s of Status
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SCORETARY OF STATE TALL ARASSEE, FLORIDA

AUG 2 5 2018 T SCHROEDER

## COVER LETTER ...

Registration Section Division of Corporations

TO:



JANE SUBJECT: _	DFCLEANINGSERVICESLLC		
	Name of Lim	ited Liability Company	
The enclosed Articl	les of Amendment and fee(s) are sub	mitted for filing.	
Please return all cor	rrespondence concerning this matter	to the following:	
	PROCESSING DEPARTY	MENT	
	-	Name of Person	
	MY CORPORATION BU	SINESS SERVICES INC	
		Firm/Company	<del></del>
	26025 MUREAU RD STE	E 120	
		Address	<del></del>
	CALABASAS, CA 91302		
		City/State and Zip Code	
	PROCESSING@MYCORI	PORATION.COM	
	E-mail address: (	to be used for future annual report notif	ication)
For further informa	tion concerning this matter, please	āil:	
PROCESSING DE	PARTMENT	877 692-6772	
N	lame of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check	: for the following amount:		
■ \$25.00 Filing F	Tee ☐ \$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 AMENDMENT TO ARTICLES OF ORGANIZATION OF

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Enter Florida street address	
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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 Type of Action Title <u>Address</u> <u>Name</u> \_\_\_ 🗆 Add \_ Change \_□ Add □ Remove \_\_ Change Add 18 AUG 2 Harry Remove ☐ Change \_D ∧dd ☐ Remove \_ Change \_□ Remove □ Change

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