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PICK-UP	☐ WAIT	MAIL
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SECRETARY OF STATE DIVISION OF CORPORATION

N COOPER AUG 21 2018

COVER LETTER

TO: Registration Section Division of Corporations CLEANING AND MAINTENANCE LLC
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: Firm/Company E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: on at (954) 108 3851 Area Code Daytime Telephone Number Enclosed is a check for the following amount: \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & S60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed). Certified Copy

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

(additional copy is enclosed)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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

(A Plotida Limited Liability Company)

The Articles of Organization for this Limited Li	ability Company were filed on $\underline{igwedge}$	ugust 10 20	<u>l</u> &nd assi;	gned
Florida document number <u>LIBOOD</u> (11814	1		
This amendment is submitted to amend the following	wing:			
A. If amending name, enter the new name of	the limited liability company here	Σ:		
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," the desi	ignation "LLC" or the abbre	viation "E.L	
Enter new principal offices address, if applica	ble:			N S
(Principal office address MUST BE A STREE	T ADDRESS)		ନ	SICR —NECRE
				PART OF THE
			P	
Enter new mailing address, if applicable:				_ \
(Mailing address MAY BE A POST OFFICE I	<u></u>		——્ફ_–	3.6 3.6 3.6
B. If amending the registered agent and/or registered agent and/or the new registered of		our records, enter the	e name o	of the new
Name of New Registered Agent:	Shakemia	Timpp		
New Registered Office Address:	2865 NW 704	1 ACC	<u> </u>	
	Margate City	, Florida	33CE Zip Code	3

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 Title Name Address Type of Action Stakemia Jimp Change Nasainth Jump Margate FL 3306 Change □ Add ☐ Remove □ Change □ Add ☐ Remove ☐ Change \square Add ☐ Remove ☐ Change \square Add □ Remove _□ Change

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fective date, if other than the date of filing:	(optional)
in effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 site: If the date inserted in this block does not meet the applicable statutory filing requirem	days after filing.) Pursuant to 605.0
cument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an effective time, at :	12:01 a.m. on the earlie
The 90th day after the record is filed.	12.01 d.m. on the come
1. 1.3	
ned August 13 2018	
Signature of a member or authorized representative of a member	er

Page 3 of 3

Filing Fee: \$25.00