Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : SUPERBIZ.COM, INC.

Account Number : 120070000160 Phone : (800)494-3124

Fax Number : (305)675-2811

\*\*Enter the email address for this business entity to be used for further annual report mailings. Enter only one email address please.\*\*

Email	Address:			 	

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

## TD CLEANING SERVICES LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

K. SALY AUG 1 6 2018

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H18000238094 3

	TD CLEANING			
(Name of the Limit	ed Liability Compa (A Florida Limited L	ny as it now apue lability Company)	ars on our records.)	100°
he Articles of Organization for this Limited L lorida document numberL18000193291	iability Company	were filed on _	08/13/2018	and assigned
his amendment is submitted to amend the foll	owing:			
. It amending name, enter the new name o	f the limited liab	ility company l	nere:	
TO COMMERCIAL CLEANING SERVICES LL	С			_
he new name must be distinguishable and contain the s	vurds "Limited Liabi	lity Company," the	designation "LLC" or the a	bbreviation "L.L.C."
Inter new principal offices address, if applic	able:	1830 N UNIV	ERSITY DRIVE #368	
Principal office address MUST BE A STREET ADDRESS)		PLANTATIO	N, FL 33322	
Inter new mailing address, if applicable:			ERSITY DRIVE #368	
Mailing address MAY BE A POST OFFICE	BOX)	PLANTATION, FL 33322		
. If amending the registered agent and egistered agent and/or the new registered o			on our records, <u>enter</u>	the name of the
	9501 NRV 2471	U DI ACE		
New Registered Office Address:	New Registered Office Address: 8501 NW 24T			
	SUNRISE	Sinyi i i	lorida street address Florida	33322
	- <del></del>	City	, 1700000	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

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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
AMBR	NESTOR, TONY	1830 N UNIVERSITY DRIVE #368	
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ffective date, if other than the date of an effective date is listed, the date must be spectore: If the date inserted in this block document's effective date on the Department.	s not meet the applicable st	of filing or more than 90 days atutory filing requirements	optional) after filing.) Pursuant to , this date will not be l	505.0207 (3)(b) isted as the
e record specifies a delayed effec The 90th day after the record is	tive date, but not an e filed.	effective time, at 12:0	01 a.m. on the ea	rlier of:
ated	2018			
Signati	re of a inginiber of authorized i	ION epresentative of a member		
	TONY NESTOR			

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