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Office Use Only



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## **COVER LETTER**

**Registration Section** 

Division of Corporations

TO:

SUBJECT:	FIEWS ENT	tee PRISES LL C	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Rick	FIELD S  Name of Person	<del></del>
	FIELDS 6	Firm/Company	<u> </u>
	5683 ELI	MHURST UR # Address	213
		FL 32765 City/State and Zip Code	
	Kick F E-mail address: (	16 LOS III Q YAHOO	offication)
For further information c	concerning this matter, please ea	alt:	
		ar ( 4 c 7 ) C	27 9321 me Telephone Number
Enclosed is a check for t	he following amount:		
\$\times\$\$.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 Addre Registration Division of C P.O. Box 632	Section Corporations 27	Street Address: Registration S Division of C The Centre of	orporations Tallahassee
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our recordability Company)	rds.)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L 18 0002 01199</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabiled GLADIATOR ROF CLEANING			
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LL	.C" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	NO CHANGE		
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:		PH S: Only DEC 23 PM S: Only of the only registered	
Name of New Registered Agent:	CHANGE		
New Registered Office Address:	Enter Florida street address		
	, Florida		
New Registered Agent's Signature, if changing Registered Agent:	City	Zip Code	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office	performance of my duties, o provided for in Chapter 605	and I am familiar with and i, F.S. Or, if this document is	

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
		NO CHANGE	□Add
			☐Remove
			Change
		<del>-,</del>	
			□Remove
			☐ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			bdd
		<del></del>	Remove
		<del></del>	Change
			□Remove
			□Change

). If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
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(If an effe <u>Note:</u>	we date, if other than the date of filing:
the record	I 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 ed.
Dated_	December 18 . 2019  Signature of a member or authorized representative of a member
	RICHARD H KIELDS Lize Typed or printed name of signce