

Office Use Only



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## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT:	CASS Name of Lim	ady Cleaning	Services
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	It	MCHE Taylor Name of Person	
	CHISTY LOC	Gleoning Firm/Company	Services L.L.C.
	10805 CORS	Sicon St. Address	
	<u>DelAndo</u> + auto	City/State and Zip Code  City/State and Zip Code  Code	
			ication)
For further information co	oncerning this matter, please ca	all;	
JANG 16 Name of	Taylor Person	at (HOF) 929- C Area Code Daytime	7654 Telephone Number
Enclosed is a check for th	e 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 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

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

(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 8/29/2018 and assigned Florida document number LISODO 206560 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abhreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: 10805 Corsi con 5+

Enter Florida street address

Or Indo Florida 32824

City Zip Code New Registered Office Address:

## 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, thereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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>	Name	Address	Type of Action
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		10805 Corsicon St.  Orlando, FI 32824	□ Remove
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Tective date, if other neffective date is listed to the listed inserse the cument's effective date.	d, the date must be spe- ted in this block doe	cific and cannot be press not meet the app	licable statutory	or more than 90 days a	ptional) fter filing.) Pursu this date will no	ant to 605.020 of be listed a
record specifies The 90th day aft	er the record is	filed.				e earlier c
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Filing Fee: \$25.00