L18 000 207945

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(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Document Number)
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COVER LETTER

TO: Registration Se Division of Cor				
SUBJECT: Walde	and Cleaning	Handyman Servi	re)) (
SOBJECT. WALLY		ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Mark D. Wo	Name of Person		
		Firm/Company		
	1022 Alderwoo	d Way		
	Niceville F	1 32578 City/State and Zip Code		10 日
	HWalden 7241@ an	nail. com	ication)	10 HFR 25
For further information c	oncerning this matter, please co			10 Miles 10 Miles
Mark Walde Name o	f Person	at (<u>\$50</u>) <u>428</u> - Area Code Daytime	9 7 9 5 Telephone Number	0 -
Enclosed is a check for the	ne following amount:			
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status of Certified Copy (additional copy is enclose	
Registr	ING ADDRESS:	STREET/COURING Registration Section	n	
	on of Corporations ox 6327	Division of Corpora Clifton Building	ations	
	issee, FL 32314	2661 Executive Cer	nter Circle	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Co Florida document number <u>L18000207945</u>	Company were filed on $8/30/18$ and assigned	
	⊸	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
Walden's Cleaning Service	LLC	
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC" or the abbreviation "LLC."	,
Enter new principal offices address, if applicable:	- 	
(Principal office address MUST BE A STREET ADDR	RESS)	- ,
		<u>.</u>
		걸
Enter new mailing address, if applicable:		, i=
(Mailing address MAY BE A POST OFFICE BOX)	(a)	ည္သင
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		<u>, —</u>
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr	tered office address on our records, enter the name of the ress here:	<u>iew</u>
		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	-
	, Florida	_
	City 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

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Change
			Remove
			C Change
			☐ Remove
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			☐ Remove
			Change
			□ Add
			Remove
			☐ Change
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□ Change

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(If an eff Note:	ive date, if other than the date of filing: (optional) ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	March 22, 2019.
	Signature of a member or authorized representative of a member
	Mak D Walden. Typed or printed name of signee

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Filing Fee: \$25.00