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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

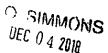




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COVER LETTER

TO:	Registration Se Division of Cor			
OUD IE		ATE WAY CLEANING SER	VICES "LLC"	
SUBJE	LI:	Name of Lim	ited Liability Company	
The enci	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		Paulette Morris		
			Name of Person	
		IMMACULATE WAY CI	EANING SERVICES "LLC"	
			Firm Company	
		1770 Rushden Drive		
			Address	
		Ocoee/FL 34761		
		pblacrose@aol.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report n	otification)
For furt	her information c	oncerning this matter, please ca	ail:	
Paulette Morris			407 619-9883	
	Name o	f Person	Area Code Day	time Telephone Number
Enclose	d is a check for th	he 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

IMMACULATE WAY CLEANIY			
(Name of the Um	ited Liability Company (A Florida Limited Liab	as it now appears on our records.) shity Company)	
The Articles of Organization for this Limited		ere filed on September 11, 2018	and assigned
Florida document number L18000216203	·		
his amendment is submitted to amend the following	llowing:		
. If amending name, enter the new name	of the limited liabilit	y company here:	
he new name must be distinguishable and contain the	words "Limited Liability	Company," the designation "LLC" or the	abbreviation "J.J.C."
Enter new principal offices address, if appli	icable:	<u> </u>	
Principal office address MUST BE A STRE	ET ADDRESS)		
	_		:
inter new mailing address, if applicable:			- -
Mailing address MAY BE A POST OFFICE	- 		- G
	_		
. If amending the registered agent and egistered agent and/or the new registered of	office address here:	e address on our records, <u>ent</u>	er the name of the
Name of New Registered Agent:	Paulette Morris		
New Registered Office Address:	1770 Rushden Dri		
		Enter Florida street address	
	Ococe	, Florida	34761
		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 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
N (621)	PAULETTE MORRIS	1770 RUSHDEN DRIVE	
MGR		Ocoee, FL 34761	Add
			Remove
			Change
			Ādd
			☐ Remove
			☐ Change
 -		 	□ Add
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<u>ote:</u> If	date, if other than the date is listed, the date in the date inserted in this t's effective date on the	block does not	meet the appl	icable statutory	or more than 90 da filing requiremen	(optional) ys after filing.) Pu its, this date wil	rsuant to 605,020 I not be listed a
	rd specifies a delay Oth day after the re	ecord is filed		ot an effecti	ve time, at 12	:01 a.m. on	the earlier o
The 9			0 16	/			
The 9	Voyenber 19	<u>-</u> /_	- 2018	 ·			
The 9	Voyenber 19 1 Oulite			thorized represent	ative of a member		_

Page 3 of 3

Filing Fee: \$25.00