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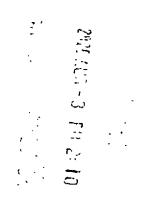
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COVER LETTER

TO: Registration Se Division of Cor		
SUBJECT: <u>A</u>	NZING CKANING BY ESTATUC. Name of Limited Liability Company	
The enclosed Articles of	Amendment and fee(s) are submitted for filing.	
Please return all correspo	ondence concerning this matter to the following:	
	ESMHI Joseph Name of Person	
	Amzing Cleaning By Estrati UC	
	2500 auntem Laves DWA Scite 703	
	Boynton Beach, Fl 33426 City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	
For further information c	oncerning this matter, please call:	
Estant Los Name o	at (50) 275-8036 f Person Area Code Daytime Telephone Number	
Enclosed is a check for the	he following amount:	
\$25.00 Filing Fee	S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status &	

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

(additional copy is enclosed)

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Certified Copy (additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(A Fiorida	Entitled Elability Company)
The Articles of Organization for this Limited Liability Co	Suppression on $\frac{377+19-2018}{2}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ed liability company here:
AM212 Cleans Company The new name must be distinguishable and contain the words "Ermi	ed Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDR	ESS)
Enter new mailing address, if applicable:	2129 Alba
(Mailing address MAY BE A POST OFFICE BOX)	ယ်
	-T;
	r.c.
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the name of the new reg
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 rerson(s) authorized to manage, enter the flue, 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
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Tective date, if other the an effective date is listed, the co ote: If the date inserted in ocument's effective date of	date must be specific and canr I this block does not meet	not be prior to date of t the applicable statu	filing or more than 90 d		
record specifies a delayed of is filed.	effective date, but not an e	effective time, at 12	:01 a.m. on the earlie	er of: (b) Th	ie 90th day after th
ated 7 - 31 - 20	<u>3205</u>	·			
rated 7 - 31 - 20	Signature of a memi	ber or authorized repr	esentative of a member	,	