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COVER LETTER

TO:	Registration Sco Division of Corp			
eup u		CLEANING, LLC		
SUBJ	ECT:	Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub		
Please	return all correspoi	MEGAN R PEARSON	to the following:	
		PEARSON CLEANING, I	Name of Person	
		3096 H CARR ROAD	Firm/Company	
		JAY, FL 32565	Address	
		megan2009_pearson.04@ic	City/State and Zip Code loud.com	
For 6u	mber information of	E-mail address: (oncerning this matter, please or	to be used for future annual report no	lification)
	AN R PEARSON	meeting uits matter, please co	850 607-0486	
	Name of	Person	Arca Code Daytir	ne Telephone Number
Enclos	sed is a check for th	e following amount:		
■ \$2	5.00 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

PEARSON CLEANING, LLC (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 ____ and assigned Florida document number _____L18000224206 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: DOIN-IT-RIGHT CLEANING SERVICES, LLC The new name must be distinguishable and contain the words "Limited 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 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: New Registered Office Address: Enter Florida street address _, Florida _

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.

City

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
MGR	LISA BLOCKER	2115 LEVI CASTLEBERRY RD PACE, FL 32571	
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Effective date, if other than to (If an effective date is listed, the date is	must be specific and cannot be			filing.) Pursuan	
Note: If the date inserted in this document's effective date on the			ling requirements, this	date will not	be listed a
the record specifies a delay) The 90th day after the r		it not an effectiv	e time, at 12:01 a	ı.m. on the	earlier o
October 1 Dated	2018				
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00