118000247822

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

Office Use Only



800320496708

11/07/18--01009--009 **25.00

24H DEC -6 12 II: 0

D. SCOTT DEC 1 0 2018



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 26, 2018

LEONOR HERNENDEZ 14877 SW 35 AVE RD OCALA, FL 34473

SUBJECT: 3D LD CLEANING SERVICES, LLC

Ref. Number: L18000247822

2915 DEC -6 P II: 03

We have received your document for 3D LD CLEANING SERVICES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott Regulatory Specialist II

Letter Number: 618A00024038

COVER LETTER

Division of Corpo			
SUBJECT: 3D	Name of Limited Liability Company	_	
The enclosed Articles of An	nendment and fee(s) are submitted for filing.		
Please return all corresponde	ence concerning this matter to the following:		
	Leonor Herrandez Name of Person 3D ID Claaning Service, UC Finn/Company 14877 SW 35 Ave Rd Address Ocala FL 34473 City/State and Zip Code Liosdersyr @ gmail. Com E-mail address: (to be used for future annual report notification)	28 0EC -6 P 11: 03	FILED
-	E-mail address: (to be used for future annual report notification)	_	
	cerning this matter, please call:		
Leonor Name of Pe	Hernandez at (352) 653-9291 Area Code Daytime Telephone Num	nber	
Enclosed is a check for the f	ollowing amount:		
S25.00 Filing Fee	Certificate of Status Certified Copy Certificational copy is enclosed) Certificational copy is enclosed)	Filing Fee, ficate of Status & fied Copy onal 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

3D LD Claaning Services le

(<u>Name of the Limited</u> (A	Liability Compan Florida Limited Li	y as it now appears on or ability Company)	ir records.)	
The Articles of Organization for this Limited Liab Florida document number <u>L 1800247</u> This amendment is submitted to amend the follow	833	vere filed on <u>[D[3</u>	12/18 =	and assigned
A. If amending name, enter the new name of t	he limited liabil	ity company here:		4 D = 1
The new name must be distinguishable and contain the wor	ds "Limited Liabilit	y Company," the designat	ion "LLC" or the al	
		14877 Su	35 Au	- 군
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BE	<u>9X)</u>	14877 50	J 35 AL	
	• • •		records, <u>enter</u>	the name of the new
Name of New Registered Agent:	_Leono	or Hernar	dez_	
New Registered Office Address:	14877	SW 35 AU Enter Florida stre	re Rd et address	
	Ocala		, Florida	34473
Initing address MAY BE A POST OFFICE BOX) 14877 5W 35 Ave Roy Dock FL 34473 If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here: Name of New Registered Agent: Leonor Hernande?	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 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
mar	Amarda Rudriguez	14265 SW 43 CARD Dala FL 34473	
	-	Dala FL 34473	
			Change
mGR.	Leonar Hernandez	14877 SW 35 Ave R	Add
		Ocale FL 34473	□ Remove
			Change
			□ Remove
]; 	Change
			Add -
			D Remove
		<u> </u>	Change
			□ Add
			Remove
		OC	Change
			🗆 Add
			□ Remove
			Change

_		
_	Changing spelling from Leonor Hernandes to Hernandez	
_	Changing address of registered agent and all other	
	correspondence to 148775W 35 Avered	
_	Ocela Pr 34473	
<u></u>	Lemoving Amanda Medriguez as MGR and putting	
	Leonar Hernardez as MGR	
_		
	ా ' ట్రా'	
_]
 -	3- tu	
f an effect <u>Note:</u> If	e date, if other than the date of filing:	
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie	er oi
The 9	90th day after the record is filed.	
Dated	November 2018	
	Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00