L1800025765/

(Requestor's Name)
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☐ PICK-UP ☐ WAIT ☐ MAIL
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(Business Entity Name)
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Special Instructions to Filing Officer:
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COVER LETTER

TO:		tion Section of Corporations								
CHD IEZ	Abr	acadabra Commercial Sa	anitation and	Mobile Detailing LLC						
SUBIR			Name of Lir	nited Liability Company	****					
The encl	losed Arti	cles of Amendment and	fee(s) are su	bmitted for filing.						
Please re	eturn all c	orrespondence concernia	ng this matte	r to the following:						
		Shameka Wr	right							
				Name of Person						
		Abracadabra	Abracadabra Commercial Sanitation and Mobile Detailing LLC							
		· · · · · · · · · · · · · · · · · · ·	Firm/Company							
		2269 S. Univ	ersity Drive	suite 5273						
				Address						
		Davie, FL. 3:	3325							
				City/State and Zip Code	Address Address Address Address Address Address Address Address Daytime Telephone Number S55.00 Fiting Fee & Certificat Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (Certified C					
		Name of Limited Liability Company icles of Amendment and fee(s) are submitted for filing. correspondence concerning this matter to the following: Shameka Wright Name of Person Abracadabra Commercial Sanitation and Mobile Detailing LLC Firm/Company 2269 S. University Drive suite 5273 Address Davie, FL. 33325 City/State and Zip Code customerservice@abracadabrasanitation.com E-mail address: (to be used for future annual report notification) nation concerning this matter, please call: Name of Person Area Code Society State and Zip Code customerservice@abracadabrasanitation.com E-mail address: (to be used for future annual report notification) nation concerning this matter, please call: Set for the following amount: Fee Society Society Certification Copy Certification Certificate of Status Certified Copy Certificate of Status Certified Copy Certificate calcidering C	 -							
Please referred for furth		Е-	mail address:	(to be used for future annual rep	port notification)					
For furth	er inform	ation concerning this ma	atter, please o	call:						
Shamek	a Wright				1743					
				Area Code	Daytime Telephone	r Number				
Enclosed	l is a chec	k for the following amor	unt:							
■ \$ 25.0	00 Filing			Certified Copy	rd) (Certificate of Status &				
	ļ	MAILING ADDRESS:		STREET/C	COURTER ADDE	RESS:				

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Abracadabra Commercial Sanitati	<u> </u>	La Y
(Name of the 17th	ited Liability Company as it now appears on our record (A Florida Limited Liability Company)	<u>18.</u>)
The Articles of Organization for this Limited I Florida document number 1.18000257651	Liability Company were filed on 11/2/2018	and assigned
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited liability company here:	
Abracadabra Commercial Sanitation LLC		
The new name must be distinguishable and contain the	words "Limited Liability Company," the designation "LLC	
Enter new principal offices address, if appli	cable:	2018 F
(Principal office address MUST BE A STREA	ET ADDRESS)	<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u></u>	28 PN 5: 21
B. If amending the registered agent and registered agent and/or the new registered of	/or registered office address on our records ffice address here:	s, enter the name of the new
Name of New Registered Agent:	Shameka Wright	
New Registered Office Address:		
	Enter Florida street addres.	s
	L.L.	orida
	City , File	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

Title	<u>Name</u>	Address	Type of Action			
MGR	Shameka Wright	2269 S. University Drive, Suite 5273 Davie, FL 33325	Add			
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Effective da	ate, if other	han the dat	e of filing:	02/29/2019	•			optional)		
(If an effective Note: If the	date is listed, th	e date must be s in this block o	pecific and ca loes not me	mnot be prior et the applic	able statute	ling or more ory filling re	than 90 day	s after filing	.) Pursuant to 60 will not be lis	5.0207 (3 ted as th
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