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COVER LETTER

Div	ision of Corporations
SUBJECT:	ALL SEASONS CLEANNING SERVICES LLC
	Name of Limited Liability Company
The enclosed	Articles of Amendment and Cores and Amendment of the Cores and Amendment of
The enclosed	Articles of Amendment and fee(s) are submitted for filing.
Please return	all correspondence concerning this matter to the following:
	MARIA M. ESCOBAR
	Name of Person
	ALL SEASONS CLEANNING SERVICES LLC
	Firm/Company
	225 OSPREYS LANDING APT 1105
	Address
	NAPLES FL 34104
	City/State and Zip Code
	ODEAIR@HOTMAIL.COM
	E-mail address: (to be used for future annual report notification)
For further in	formation concerning this matter, please call:
MARIA M. E	257 075 1100
	Name of Person Area Code Daytime Telephone Number
	check for the following amount: FC DE7'f. 17 State
\$25.00 Fi	ling Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

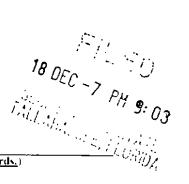
Registration Section

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**



ALL SEASONS CLEANNING SERVICES LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

and the state of t	bility Company were filed on FLORIDA	and assigned
Florida document number L18000274447		2
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of t	the limited liability company here:	
DELIGHTFUL CLEANING CARE LLC		
he new name must be distinguishable and contain the wor	rds "Limited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applical	ble:	
Principal office address MUST BE A STREET	[ADDRESS]	
Enter new mailing address, if applicable:		
.,		
	<u>OX)</u>	
	<u>OX)</u>	
Mailing address MAY BE A POST OFFICE B		
Mailing address MAY BE A POST OFFICE Books 3. If amending the registered agent and/or	r registered office address on our records,	enter the name of the
Mailing address MAY BE A POST OFFICE B	r registered office address on our records,	enter the name of the
Mailing address MAY BE A POST OFFICE Be . If amending the registered agent and/or egistered agent and/or the new registered office	r registered office address on our records,	enter the name of the
Mailing address MAY BE A POST OFFICE Books 3. If amending the registered agent and/or	r registered office address on our records,	enter the name of the
Mailing address MAY BE A POST OFFICE Be . If amending the registered agent and/or	r registered office address on our records, ce address here:	enter the name of the
Mailing address MAY BE A POST OFFICE Be 3. If amending the registered agent and/or egistered agent and/or the new registered office Name of New Registered Agent:	r registered office address on our records,	enter the name of the
Mailing address MAY BE A POST OFFICE Be B. If amending the registered agent and/or egistered agent and/or the new registered office Name of New Registered Agent:	r registered office address on our records, ce address here: Enter Florida street address	enter the name of the

by 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 add or removed from our records:				
MGR = Manager AMBR = Authorized Member		18 OEC -7 PH 9: 03 Address Type of Action		
<u>Title</u>	<u>Name</u>	Address	TALLANDA	Type of Action
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(If an e <u>Note</u>	ctive date, if other than the date of filing:	ig) Pursuant to 605 03
f the re b) Th	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m e 90th day after the record is filed.	. on the earlier
Dated	DECEMBER 5TH 2018	
	Signature of arthember of authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00