

U900002012S

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

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To:

Division of Corporations
 Fax Number : (850) 617-6383

2019-05-21 10:22:10

From:

Account Name : LEGALZOOM.COM INC.
 Account Number : T20010000062
 Phone : (323) 962-8600
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D. SCOTT

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

2019-05-21 10:22:10

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
 SLT JANITORIAL SERVICE LLC**

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$55.00

D SCOTT

MAY 22 2019

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SLT JANITORIAL SERVICE LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cheyenne Moseley	Name of Person
Legalzoom.com, Inc.	Firm/Company
101 N. Brand Blvd., 11th Floor	Address
Glendale, CA 91203	City/State and Zip Code
yarateran@icloud.com	E-mail address: (to be used for future annual report notification)

2019.04.21 A 2:10

For further information concerning this matter, please call:

Cheyenne Moseley 800 773-0888 ext. 9724
Name of Person _____ at (_____) Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 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**

SLT JANITORIAL SERVICE 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 01/18/19 and assigned Florida document number L19000020725

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with 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 _____

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

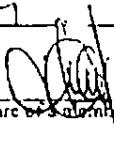
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	SARA L TERAN	1086 SOUTHDALE ROAD #C FORT MYERS, FL 33919	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 5-16-2019


Signature of a member or authorized representative of a member

YARA TERAN

Typed or printed name of signer

5-16-2019 10:21 AM

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Filing Fee: \$25.00