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FEB 18 2019 C MCHAIR

### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: First Choice Commercial Cleaning Name of Limited Liability Company	LLC
The enclosed Articles of Amendment and fee(s) are submitted for filing.	Ĭ,
Please return all correspondence concerning this matter to the following:	
Julie Jantes Name of Person	
Firm/Company	
241 NE Prima Vista Blod	
Port Stlucie FL 34983	
City/State and Zip Code  Teanmultiservice @ Gmail. com  E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
6. Julie Jeannes at 772 785-8753  Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$55.00 Filing Fee & Certificate of Status \$\Bigcup \$60.00 Filing Fee & Certificate \$\Big	Status &

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

First Choice Comm	ercial Cleaning Hospital
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Compar Florida document number <u>1.19000030661</u> .	ي سرام م
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	ability company here:
The new name must be distinguishable and contain the words "Limited Lia	ibility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRESS)	
	- /
Enter new mailing address, if applicable:	N/A
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	office address on our records, enter the name of the new
Name of New Registered Agent:	N/A
New Registered Office Address:	Enter Florida street address
	Control of the de Col Market 600
<del></del>	, 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.

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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Guerline Mejia	241 NE Prima Vista Blod Port St Lucie FL 3498	Add
		Port St Lucie FL 3498	Remove
- 0	<b>.</b>		Change
MGK	Julie Jeantus	241 NE Prima Vista Blud	D Add
		Port St. Lucie FL 3498	3_□ Remove
			Change
			🖸 Add
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Note:	ive date, if other than the date of filing:
ne red The	cord specifies a delayed effective date, but not an effective time, at $12:01 \text{ a.m.}$ on the earlier of 90th day after the record is filed.
Dated	<u> 7/11/</u> , <u>2019</u> .
	Signature of a member or anthorized representative of a member
	hali la di

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Filing Fee: \$25.00