## 119 CCCC 47549

| (Requestor's Name)                      |
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| (Address)                               |
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| (Address)                               |
|   |
| (City/State/Zip/Phone #)                |
|   |
| PICK-UP WAIT MAIL                       |
|   |
|   |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
|   |
| Certified Copies Certificates of Status |
|   |
| Special Instructions to Filing Officer: |
| Special histagaions to 1 ming officer.  |
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Office Use Only

A. RIVERS

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SECULDARY OF STATE

## **COVER LETTER**

Registration Section

Tallahassee, FL 32314

TO:

| Division of Cor                            | porations                                    |   |  |
|--|--|---|--|
| SUBJECT:                                   | Aegean Cl                                    | eaning Servi  | ce lu  |
|  | Name of Limit                                | ted Liability Company   |  |
| The enclosed Articles of                   | Amendment and fee(s) are subt                | nitted for filing.  |  |
| Please return all correspo                 | ondence concerning this matter t             | o the following:  |  |
|  | Leon   | urdo Lope Z T   | ovres  |
|  | Aege   | m Cleaning Firm/Company   | Service LLC  |
|  | 4000 G                                       | Address   | <u> </u>   |
|  | Destin, F                                    | City/State and Zip Code   | Orres 7 Ogmail. com  |
|  | E-mail aderess: (t                           | Veonardo LopezT o be used for future annual report noti             | Orres 7 Gymni 1. com   |
| For further information c                  | oncerning this matter, please ca             | dl:   |  |
| Leonardo                                   | Lopez Torres                                 | at ( <u>\$50</u> ) <u>496 - 6</u><br>Area Code Daytim               | 0848<br>e Telephone Number   |
| Enclosed is a check for t                  | he 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 Division of C | Section<br>Corporations                      | Street Address:<br>Registration Se<br>Division of Con               | rporations   |
| P.O. Box 631                               | 27   | The Centre of T   | lallahassee  |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Aegean Cle  | any as it now appears on our records.) Liability Company)  |
|---|--|
| (Name of the Limited Liability Comp<br>(A Florida Limited   | any as it now appears on our records.) Liability Company)  |
| The Articles of Organization for this Limited Liability Company<br>Florida document number <u>LIPOOOH7849</u> .                                   | were filed on $\frac{2/18/2019}{}$ and assigned  |
| This amendment is submitted to amend the following:   |  |
| A. If amending name, enter the new name of the limited lial  Acoe Sevui  The new name must be distinguishable and contain the words "Limited Liah |  |
| 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)   |  |
| agent and/or the new registered office address here:  | address on our records, enter the name of the new registered   |
| Name of New Registered Agent:   |  |
| New Registered Office Address:  | Enter Florida street address , Florida  Zip Cöde   |
| New Registered Agent's Signature, if changing Registered Agent  |  |
|   | ree to act in this capacity. I further agree to comply with the performance of my duties, and I am familiand provided for in Chapter 605, F.S. Or, If this cument is |
|   |  |

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 =  | Manager                  |
|--------|--------------------------|
| AMBR = | <b>Authorized Member</b> |

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-------------|---------|----------------|
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|   | New:  | . Aegeo   | nn Servic                        | ies WC   |
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| n offective date is list<br>i <mark>te:</mark> If the date inse | ther than the date of the date must be specificated in this block does date on the Department | fic and cannot be prior to date on not meet the applicable star | f tiling or more than 90 days af | tional)<br>ter filing.) Pursuant to 605.020<br>his date will not be listed a |
| cord specifies a de<br>s filed.                                 | clayed effective date, bu   | nt not an effective time, at 1                                  | 2:01 a.m. on the earlier of:     | (b) The 90th day after the   |
| cd \  | 14  | 2021  | 7                                |  |
|   |   |   |                                  |  |