## 1190000 48215

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only

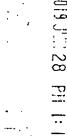
R. WHITE

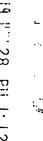
JUL 10 2019



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08/28/19- 01010--000 - 400.00





## **COVER LETTER**

Div	ision of Corpo	orations .:			
SUBJECT:	SUNLAND (	CLEANING & HANDYMAN	SERVICE LLC		
SOBULCI.		Name of Limit	ed Liability Company		
The enclosed	Articles of A	mendment and fee(s) are subn	nitted for filing.		
Please return	all correspond	dence concerning this matter to	o the following:		
		ELIZABETH ALFARO			
			Name of Person		-
		SUNLAND CLEANING &	HANDYMAN SERVICE	ELLC	
		-	Firm/Company		-
		2785 14TH AVE SE			
			Address		-
		NAPLES, FL 34117			
			City/State and Zip Code		-
		Sun and ch E-mail address: (to	be used for future annual re	eport notification)	
For further in	iformation con	cerning this matter, please cal	1:		
ELIZABETE			at ( <u>239</u> ) <u>5</u>	80-776 Z  Daytime Telephone Number	
	Name of F	Person	Area Code	Daytime Telephone Number	¢
Enclosed is a	check for the	following amount:			
\$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	certifica sed) Certified	ne of Status &

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

SUNLAND CLEANING & HANDYMAN SERVICE LLC

2019 JULI 28 PM 1: 12

(Name of the Limites	t Liability Comp	any as it now annears	on our records.)	
<u>(, , , , , , , , , , , , , , , , , , , </u>	A Florida Limited	any as it now appears Liability Company)	• • • • • • • • • • • • • • • • • • • •	
The Articles of Organization for this Limited Lia	bility Compan	y were filed on $\frac{02/2}{}$	5/2019	and assigned
Florida document number L19000048215	·			
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of t	the limited lial	oility company her	<u>e</u> :	
SUNLAND JANITORIAL & CONTRACTING SER	RVICES LLC			
The new name must be distinguishable and contain the wo	rds "Limited Liab	ility Company," the des	signation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applical	ble:		<u> </u>	
(Principal office address MUST BE A STREET	ADDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE B	(OX)			
B. If amending the registered agent and/o registered agent and/or the new registered offi			our records, <u>e</u>	<u>iter the name of the ne</u>
Name of New Registered Agent:				
New Registered Office Address:				
		Enter Florid	la street address	
			, Florid	aZip Code
		Cuy		Zip Code
New Registered Agent's Signature, if changing Re	gistered Agent	<u>:</u>		
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as regist being filed to merely reflect a change in the recompany has been notified in writing of this company has been notified in writing of this company has been notified in writing of this company has been notified in writing of this contents.	r and complete ered agent as egistered office	performance of n provided for in Ch	ny duties, and I napter 605, F.S.	am familiar with and Or, if this document 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 = N $AMBR = A$	lanager authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
	·		Remove
			Change
			Remove
			Change
			□ Remove
			Change
			Remove
			Change
-			□ Add
			Remove
			Change
		<u> </u>	Add
			□ Remove
			Change

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Effect	ive date, if other than the date of filing: (optional)
(If an eff	ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
the re	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
) The	JUNE 24 2019
	Signature by a member or authorized representative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00