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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: CICINAL CICINAL PLUS Name of Limited Dability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Gynthia Jan Name of Person
Glam Cleaning Plus Firm/Company
313 SW 11 M Avenue
City/State and Zip Code City/State and Zip Code E-relail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (305) 713-5473 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Scrifficate of Status Status Status Scriffied Copy (additional copy is enclosed) \$55.00 Filing Fee Scriffied Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status Scriffied 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

(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 3 18 2019 and assigned Clorida document number 1900074639.
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 contain 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)
3. 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

New Registered Agent's Signature, if changing Registered Agent:

Mi

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.

City

If Changing Registered Agent, Signature of New Registered Agent

7.ip Code

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 = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MAR	Benjama M. Campbell	P.O. BUX 76836	Add
	•	Atlanta, GA. 30358	⊠ Remove
			Change
MAR	Cynthia Jean	313 SW LITT AVENUE Devay Becon, FL 334	\B _Add
		Delray Becom, FL 334	14 □ Remove
			Change
		<u> </u>	Add
		# 2	Add Remove Change
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Page 3 of 3

Filing Fee: \$25.00