(Requestor's Name)
(Address)
· ·
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



600331273116

07/03/19--01018--013 **81.4



R. WETTE JUL 15 M3

COVER LETTER

C1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	UNTAIN BEACH CLEANING Nume of Limi	it SERVICES LLC			
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	MARSHA SIHA				
	INCFILE.COM LLC	Name of Person			
Firm/Company 17350 STATE HWY 249 STE 220 Address HOUSTON, TX 77064					
For further information of	E-mail address: (concerning this matter, please ca	to be used for future annual report noti	tication)		
MARSHA SIHA	oncerting this matter, please of	855 829-9090 at ()			
Name o	of Person		e Telephone Number		
Enclosed is a check for the	he following amount:				
□ \$25.00 Filing Fee	S30.00 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)		
	ING ADDRESS:	STREET/COUR Registration Section			

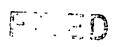
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section Division of Corporations

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, F1, 32301

TO ARTICLES OF ORGANIZATION OF



BLUE MOUNTAIN BEACH	CLEANING SERVICES LIGHT JUL - 3	PM 5: 20	
(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appears on our records.) Liability Company)	<u> </u>	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L19000103135}{L19000103135}$.	$r_{i} = r_{i}$	and assign	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the a	bbreviation "L.L.C	
Enter new principal offices address, if applicable:	137 CABANA TRL		
(Principal office address MUST_BE A STREET ADDRESS)	SANTA ROSA BEACH, FL 32459		
Enter new mailing address, if applicable:	137 CABANA TRL		
(Mailing address MAY BE A POST OFFICE BOX)	SANTA ROSA BEACH, FL 32459		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent: New Registered Office Address:	<u>e</u> :	the name of	
	Enter Florida street address		
	Florida	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 provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with a accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docume 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

or removed troin our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of A
AMBR	GREGORY ROBERTS	137 CABANA TRL	
			Add
		SANTA ROSA BEACH, FL 32459	
			□ Remo
AMBR	TRACY ROBERTS	137 CABANA TRL	
		SANTA ROSA BEACH, FL	_ _ _ _ _ _ _
		32459	□ Remov
			LI Remov
			∃ Chang
			a chang
			□ Add
			□ Remov
			Change
			Add
			Remove
			Change
			□ D
			□ Remove
			Change
		_	
			Remove
			□ Change

				<u> </u>	
- <u>-</u> -					
		.			
					
. <u> </u>		 -			
<u>.</u>	··				
		·			
					_
			.		
					
tive date, if other	than the date of filing the date must be specific an	ng:		(optional)	
Tective date is listed, the If the date inserted	ne date must be specific an I in this block does not	id cannot be prior to dat meet the applicable s	e of filing or more than statutory filing requir	90 days after filing.) Pursi ements (this date will n	uant to 605. Iot he liste
	on the Department of		and the second	ements, this date will a	iot the fishe
cord specifies a	delayed effective	data but not an	effective time	ut 17:01 a.m. on th	oo oarlic
	the record is filed		enective time, a	it 12.01 a.m. on ti	ie earne
, , , , , , , , , , , , , , , , , , , ,					
JUNE 21		2019			
JUNE 21					
	Nobel Signature of a	ata			
tirege) (A COUR	member or authorized	representative of a ma	mhar	
O	O Signature of the	manner of adminized	representative vi a tilei	ant/er	
GREGORY R	OBERTS - AMBR				
•		Typed or printed nan	ne of signee		

Page 3 of 3

Filing Fee: \$25.00