## 119000121431

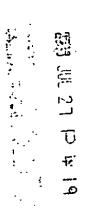
(Requestor's Name)		
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PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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CLO 2019 KUEMEN

## **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT:	undit Cleanine Name of Linit	g Services, LL ited Liability Company	
The enclosed Articles of	`Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	homan	Name of Person	
		Firm/Company	
	4811 NW 18th	Court.	<del></del>
	_ Fort Lauce	City oran mil Rip Code	) )
		650 @ Gmoil Com	
For further information	concerning this matter, please ca	ill:	
Romane	of Person		40-2225 Stime Telephone Number
Enclosed is a check for (	he following amount:		
\$25.00 Filing Fee	□ \$50.00 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 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

Pundit Cleaning C	services L	LC man illi 2	<u> </u>
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on Liability Company)	our records.) JUL 4	
The Articles of Organization for this Limited Liability Company	were filed on OS	106/2019=	and assigne
Florida document number <u>L19000121431</u> .			
•			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
Yundit General Servi	ces LLC		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the design	nation "LLC" or the abbr	reviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		· · · · · · · · · · · · · · · · · · ·	
			1
Enter new mailing address, if applicable:	71811 MM	18th Cour	
(Mailing address MAY BE A POST OFFICE BOX)	tort Laud	derdoley Fl	_ 33313
B. If amending the registered agent and/or registered of	FFor addraw on an	um maranda amean el	ha nama af t
registered agent and/or the new registered office address here		ii records, enter ti	ie traine of t
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida :	street address	
		, Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agre	ee to act in this cape	acity. I further agre	e to comply w

provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document 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 or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name (	Address 4811 NW 18th Court	Type of Ac
MGR	Romane Daley	H811 NW 18th Court Fort Lauderdale, FL33	313 🗹 Add
			Remove
		<del></del>	Change
	<del> </del>		
			□ Remove
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			Remove
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			□ Remove
			□ Change

(If an e <u>Note</u>	tive date, if other than the date of filing:
f the re b) Th	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier ee 90th day after the record is filed.
Date	June 24th 2019
	Signature of a member or authorized representative of a member
	Romane Dolog  Typed or printed name of signee

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Filing Fee: \$25.00