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TO:		nn a wati a ms	2. e-	Sec. 1
		- '	•	Ar - May
SUBJE		G KING AND SOLUTIONS L	LC	
		Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		LUIZ FILIPE FIGUEIREE	DO LUSTOSA	
			Address CREEK. FL. 33073 City/State and Zip Code gmail.com City/State and Zip Code Granil address: (to be used for future annual report notification) matter, please call: 561 Area Code Daytime Telephone Number Count: Cong Fee & S55.00 Filing Fee & S60.00 Filing Fee,	
		Articles of Amendment and fee(s) are submitted for filing. Articles of Amendment and fee(s) are submitted for filing. Articles of Amendment and fee(s) are submitted for filing. Articles of Amendment and fee(s) are submitted for filing. Articles of Amendment and fee(s) are submitted for filing. All correspondence concerning this matter to the following: LUIZ FILIPE FIGUEIREDO LUSTOSA Name of Person CLEANING KING AND SOLUTIONS LLC Firm/Company 5251 W HILLSBORO BLVD APT 303 Address COCONUT CREEK, FL. 33073 City/State and Zip Code ptosunian@gnail.com E-mail address: (to be used for future annual report notification) formation concerning this matter, please call: 4ARIA TOSUNIAN Name of Person Area Code Daytime Telephone Number check for the following amount: ling Fee Certificate of Status Certificat Copy (additional copy is enclosed) Certificate of Status & Certificat Copy (additional copy is enclosed)		
		-	Firm/Company	Illowing: TOSA Anne of Person ONS LLC Irm/Company 303 Address tate and Zip Code If for future annual report notification) 561 Area Code Daytime Telephone Number 55.00 Filling Fee & Secutified Copy Certificate of Status & Certified Copy additional copy is enclosed) Certified Copy Certified Copy
			Address	Code Code
		COCONUT CREEK, FL.	33073	
			City/State and Zip Code	
		ptosunian@gmail.com		
		E-mail address: (to be used for future annual report noti	fication)
For furth	ner information of	concerning this matter, please ca	all:	
PATRIC	CIA MARIA TO	SUNIAN		
	Name o	of Person		e Telephone Number
Enclosed	i is a check for t	he following amount:		
□ \$25.	00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Taliahassee, 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

CLEANING KING AND SOLUTIONS LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	y were filed on	and assigned
Florida document number L190001777018		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	bility company here:	
STUDIO BOCA LAKES LLC		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<u>\$ 22</u>
		S
		S. 7 4
Enter new mailing address, if applicable:		5 4
		S. A.
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		——————————————————————————————————————
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he		enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
·	, Flor	rida
	City	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 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.

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 = Authorized Member		

Title	<u>Name</u>	Address	Type of Action
			Remove
			Change
			□ Remove
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Note: 11	e date, if other tive date is listed, If the date inserte at's effective da	ed in this block	c does not me	et the applica	o date of tiling o ble statutory fi	r more than 90 d ling requireme	_ (optional) ays after filing.) P nts. this date wi	ursuant to 605.020 If not be fisted as
the reco	ord specifies 90th day afte	a delayed e er the recor	ffective da d is filed.	ite, but not	an effectiv	e time, at 1	2:01 a.m. or	the earlier o
Dated _	Aup	ust 27	K.	20.19	_·			
	-				- -			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00