## L19000177155

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(Business Entity Name)
(Document Number)
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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Good She pland Junk Removal in Pressure Charin	_)
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
SANGYA MARTINEZ Name of Person	
Good Shepherd Junk Removed a Presont Cleaning	7
3801 PGA Blud # 600 \$ 602	
Ralm Beach Gardens Pla 33410 City/State and Zip Code	-
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Sandra Martine at (56), 927-5907  Name of Person Area Code Daytime Telephone Number 507	
Enclosed is a check for the following amount:	
S25.00 Filing Fee Fee Fee Fee Fee Fee Fee Fee Fee Fe	

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

Good Shephard Tunk Removal & Pressure Claning (Name of the Limited Etability Company as it now appears on our records.)
(A Florida Limited Liability Company)

(A Florida Limited Lia	bility Company)		
The Articles of Organization for this Limited Liability Company we Florida document number $84-2416272$	ere filed on <u> </u>	-16-2019	) and assigned
This amendment is submitted to amend the following:			eviation "L.L.C."
A. If amending name, enter the new name of the limited liabilit	y company here	:	
The new name must be distinguishable and contain the words "Limited Liability	Company," the desi	gnation "LLC" or the abb	reviation "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)  B. If amending the registered agent and/or registered office	ce address on o	our records, <u>enter t</u>	**
registered agent and/or the new registered office address here:			Į.
Name of New Registered Agent:		<u>~</u>	
New Registered Office Address:		<del></del>	·
	Enter Floride	i street address	
		Florida	Ziv Code
	City		zīp 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

<u>Title</u>		Address	Type of Action
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Filing Fee: \$25.00