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(Requestor's Name)	
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(Decision Entitle Manna)	
(Business Entity Name)	
(Document Number)	
Out to the terms of Challes	
Certified Copies Certificates of Status	—
Consideration to Filip Officer	
Special Instructions to Filing Officer:	

Office Use Only



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CORPORATE ACCESS, _

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

	P	ICK UP: 8/28 Glinda	
	CERTIFIED COPY		
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COVER LETTER

Registration Section Division of Corporations

TO:

CTT	n mor	QUALITY DETAIL CLEA	NING LLC		
SU.	вјест:	Name of Lim	ited Liability Company		
The	e enclosed Articles of	`Amendment and fee(s) are sub	mitted for filing.		
Ple.	ase return all correspo	ondence concerning this matter	to the following:		
			DONNA BLAKE		
			Name of Person		
		QUALIT	TY DETAIL CLEANING LLC	201	
		 	Firm/Company	2019 &UC	
		1	1637 NW 20TH STREET		
Address					
HOMESTEAD, FL 33030 City/State and Zip Code				. വ ස	
			dblake999@yahoo.com		
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ror		•			
	DON	NA BI.AK E	305 281-(at ()	0373	
	Name	of Person	Area Code Daytir	ne Telephone Number	
Enc	closed is a check for t	he following amount:			
	\$25.00 Filing Fee	☐ \$30.00 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)	
	Regist	LING ADDRESS: ration Section on of Corporations	STREET/COUR Registration Secti Division of Corpo		
		Box 6327 assee, FL 32314	Clifton Building 2661 Executive C	Center Circle	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ETAIL CLEANING LI			
(Name of the Limited Liability Co. (A Florida Limi	mpany as <u>it now appear</u> ted Liability Company)	s on our records.)		
The Articles of Organization for this Limited Liability Comp. Florida document number	any were filed on	07/10/2019	and ass	signed
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited l	iability company he	<u>re</u> :		
The new name must be distinguishable and contain the words "Limited L	iability Company," the d	esignation "LLC" or the ab		.L.C."
Enter new principal offices address, if applicable:		- -	19 A	
(Principal office address MUST BE A STREET ADDRESS)		. 5	
			. co	7.
			;;** ;;**	()
Enter new mailing address, if applicable:			യ	
(Mailing address MAY BE A POST OFFICE BOX)		•	U.	<u> </u>
(Muting duaress MAI BE A FOST OFFICE BOX)				
B. If amending the registered agent and/or registered registered agent and/or the new registered office address Name of New Registered Agent:		our records, <u>enter</u>	the name	of the t
New Registered Office Address:				
New Registered Office Address.	Enter Flor	ida street address	 • = . · · · · ·	
		, Florida		
	City		Zip Code	
New Registered Agent's Signature, if changing Registered Agent's Signature, if changing Registered Agent's Agent's Signature, if changing Registered Regis	ent:			

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with I 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 adc or removed from our records:

MGR = Manager

AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MGR	TERRAS, ROGER V	10050 HIGHWAY 40 EAST	
		LOT #14	
		INGLIS, FL 34449	Change
MGR	BLAKE, DONNA	1637 NW 20TH STREET	
		HOMESTEAD, FL 33030	■ Add
			□ Remove
			☐ Change
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Note: If the	ate, if other than the date date is listed, the date must be spendate inserted in this block deffective date on the Departr	oes not meet the applicable	ate of filing or more than 90 days statutory filing requirements	optional) after filing.) Pursuant to a this date will not be l	605.0207 (3)(listed as the
If the record (b) The 90th	specifies a delayed effe h day after the record i	ective date, but not ar s filed.	n effective time, at 12:	01 a.m. on the ea	rlier of:
Dated	August 27	2019			
	A) o Sight	Selection of a member or authorize	d representative of a member		
-	DONNA BLAKE,	Authorized Signatory Typed or printed no	ime of signee		

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Page 3 of 3

Filing Fee: \$25.00