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THE THE THOMAS

S. YOUNG

## **COVER LETTER**

Div	ision of Cor	porations				
CHINITEE'S		Cleaning Services, LLC				
SUBJECT:	Name of Limited Liability Company					
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspo	ondence concerning this matter	to the following:			
		Karen Ellerbee				
			Name of Person			
Ellerbee's Cleaning Services LLC						
		ellerbeescleaningservices@ E-mail address: 0	gmail.com  to be used for future annual report noti	fication)		
For further in	nformation c	oncerning this matter, please c		,		
Karen Ellerl		c ,	239 265-3263			
	Name o	f Person	at () Area Code Daytim	e Telephone Number		
Enclosed is a	a check for th	he following amount:				
	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)		
		ING ADDRESS: ration Section	STREET/COURI Registration Section			

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

TO:

Registration Section

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ellerbee's Cleaning Services LLC				
(Name of the Limite	d Liability Compa A Florida Limited I	iny as it now appears Liability Company)	on our records.)	
The Articles of Organization for this Limited Lia Iorida document numberL19000180725		were filed on	7/15/2019	and assigned
his amendment is submitted to amend the follo	wing:			
. If amending name, enter the new name of	the limited liab	ility company her	r <u>e</u> :	
ne new name must be distinguishable and contain the wo	ords "Limited Liabi	lity Company," the de	signation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		1824 SE Santa B	arbara Place	
Principal office address MUST BE A STREET		Cape Coral, FL	33990	7 19
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		1824 SE Santa B Cape Coral, FL		P-9
. If amending the registered agent and/o	• '		our records, ent	er the name of the
Name of New Registered Agent:	Paula Brown C	Connor EA		
New Registered Office Address:	5237 Summerlin Commons Blvd Suite 11			
	_	Enter Flori	da street address	
	Fort Myers	City	Florida	Zip Code
		Cuy.		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.

Paula Brown Connor A

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being addedor removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Karen Ellerbee	1824 SE Santa Barbara Place Cape Coral, FL 33990	<b>⊞</b> Add
			□ Remove
			Change
			Remove
			Change
			Add
			□ Remove
			☐ Change
			Remove
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			Remove
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			Change

	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an e <u>Note</u>	etive date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Date	September 5  2019  Signature of a member of authorized representative of a member
	Karen Ellerbee

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Filing Fee: \$25.00