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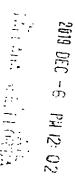
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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: EMPLYE CLYPTING SOLUCE I LLC
Name of Limited Liability Company
The male and Articles of Arrandment and toyle) are submitted for filing
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Raul Rodriguez Name of Person
Empire Claning Sericice L
310 Post Oak Dr
Tallahassee, 71 32310 City/State and Zip Code
Ecs1 & yahno Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Cyndi Rodriguez. at (80) 44.3-8473  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed)  S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
Mailing Address:  Registration Section  Street Address:  Registration Section

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EMPLE (LEANING SERVICE - LLC (Name of the Limited Limi
The Articles of Organization for this Limited Liability Company were filed on $9099999999999999999999999999999999999$
A. If amending name, enter the new name of the limited liability company here:
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)  Tallams See 71 33310
B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered</u> agent and/or the new registered office address <u>here</u> :
Name of New Registered Agent:  New Registered Office Address:    Raut   Rodriguez

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	Name	Address	Type of Action
AMBR	Cynthia Rodriguez	310 Post Cak Dr.	🗆 Add
,		310 Post CakiDr. Tallahassee, 71 32310	Remove
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			□Remove
			□Change
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			Change

. <b>11</b> an	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	<u> </u>
	<del></del>
Note	etive date, if other than the date of filing:
the rece	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
Date	1 12/le 2019.
	Signature of a member or authorized representative of a member
	$\bigcap$
	Lynthu Kodn RWZ Typed or printed name of signee

Filing Fee: \$25.00