

L19000227249

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

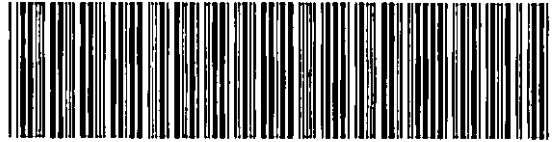
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TALLAHASSEE, FL

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D. BRUCE
OCT 14 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EVU CLEANING SERVICES LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

EGLIS SALAMANCA M

Name of Person

Firm/Company

1420 CELEBRATION BLVD SUITE 200

Address

CELEBRATION FLORIDA 34747

City/State and Zip Code

EVUCLEANINGSERVICES@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EGLIS SALAMANCA M

407

4707361

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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)

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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TALLAHASSEE, FL

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

EVU CLEANING SERVICES LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 09/09/2019 and assigned
Florida document number 119000227249.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

EVU CLEANING & FENCE SERVICES LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1420 CELEBRATION BLVD SUITE 200

CELEBRATION FLORIDA 34747

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1420 CELEBRATION BLVD SUITE 200

CELEBRATION FLORIDA 34747

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

EGLIS SALAMANCA M

New Registered Office Address:

1420 CELEBRATION BLVD SUITE 200

Enter Florida street address

CELEBRATION

City

Florida

Zip Code

34747

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

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TALLAHASSEE, FL
SECRETARY OF STATE

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> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|---------------------|---------------------------------|--|
| AMBR | EGLIS SALAMANCA M | 1420 CELEBRATION BLVD SUITE 200 | <input type="checkbox"/> Add |
| | | CELEBRATION FLORIDA 34747 | <input type="checkbox"/> Remove |
| | | | <input checked="" type="checkbox"/> Change |
| S | EDUARDO BAEZ CARLIN | 1420 CELEBRATION BLVD SUITE 200 | <input checked="" type="checkbox"/> Add |
| | | CELEBRATION FLORIDA 34747 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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TALLAHASSEE, FL

08/27/2020

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated AUGUST 27, 2020

EGLIS SALAMANCA M/ AMBR

Typed or printed name of signee