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SECRETARY, OF STATE TALL AHASSEE, FLORIDS

W SULKER OCT 1 4 2019

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: One Shot Cle	eaning LLC
	nited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Char	nge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	r to the following:
Richard Stewart Wilke Name of Person	c <u>S</u>
One Shot Cleaning L	<u>LC</u>
1455 Baytowne Ave E	<u>ust</u>
Miramar Brach FL City/State and Zip Code	3 2 <i>5 5 0</i>
Switkes II a gmain E-mail address: (to be used for future annual repo	ort notification)
For further information concerning this matter, please of	call:
Dichard Stewart Wilkes and	850, 487-0010
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amoun	t:
1 \$25 Filing Fee	S55 Filing Fee & Certified Copy

INHS18 (2/14)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Oul Sur (Name of the Limited	† Cleaning, LLC Liability Company as it now/appears on our records.) Florida Limited Liability Company)
The Articles of Organization for this Limited Liab Florida document number	ility Company were filed on <u>500 09, 2019</u> and assigned 8041.
This amendment is submitted to amend the follow	ing:
A. If amending name, enter the new name of the	e limited liability company here:
The new name must be distinguishable and contain the word	s "Limited Liability Company." the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	e:
(Principal office address MUST BE A STREET.	ADDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO	<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, enter the name of the need address here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida
	City 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.

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>	<u>Name</u>	Address	Type of Action
MOR	Dichard S. Wilkes	1455 Bayfowne AVEE	
		1455 Bayfowne Ave E Miramar Reach, FL 32550	C Remove
			Change
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Note:	ive date, if other than the date of filing: Only of filing: Gettive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the tent's effective date on the Department of State's records.
he re- The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	·
	Signature of a member or authorized representative of a member
	- Guerrana Valtulura Juranzeck Antioli Typed or printegname of signee

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Filing Fee: \$25.00