# Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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Division of Corporations

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN EXTREME SHINE CLEANING SERVICES, LLC

| Certificate of Status | U       |
|-----------------------|---------|
| Certified Copy        | I       |
| Page Count            | 05      |
| Estimated Charge      | \$55.00 |

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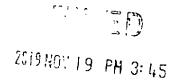
### **COVER LETTER**

|           | Registration Sci<br>Division of Corp |  |   |   |
|-----------|--------------------------------------|--|---|---|
| CUD W     |                                      | SHINE CLEANING SERVIC                        | ES, LLC   |   |
| SUBJEC    | . 1:                                 | Name of Limi                                 | ted Liability Company   |   |
|           |                                      | Amendment and fee(s) are sub-                |   |   |
|           |                                      | Cheyenne Moseley                             |   |   |
|           |                                      | ••••••••••••••••••                           | Name of Person  |   |
|           |                                      | Legalzoom.com, Inc.                          |   |   |
|           |                                      |  | FirmvContpany   |   |
|           |                                      | 101 N Brand Blvd L1th Fl                     |   |   |
|           |                                      |  | Address   |   |
|           |                                      | Glendale, CA 91203                           |   |   |
|           |                                      | hutta@ptd.net                                | City/State and Zip Code   |   |
|           |                                      |  | o be used for future annual report notif                            | ication)  |
| For furth | ier information c                    | oncerning this matter, please co             | dE:   |   |
| Cheyen    | ne Moseley                           |  | 800 773-0888  |   |
|           | Name o                               | l'Person                                     | at () Area Code Daytime   | Telephone Number  |
| Encloses  | d is a check for th                  | ne 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,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|           | ман.                                 | ING ADDRESS:                                 | STREET/COURI  | ER ADDRESS:   |

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

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

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



| EXTREME SHINE CLEANING SERVICE  | ES, ELC  | • 1                                     |
|---|--|---|
| ( <u>Name of the Limited Llabi</u><br>(A Flord  | llty Company as it now appears on o<br>la Limited Liability Company) | ur records.)                            |
| The Articles of Organization for this Limited Liability Florida document number <u>L19000244248</u>     |  |   |
| This amendment is submitted to amend the following:   |  |   |
| A. If amending name, enter the new name of the lin  | nited liability company here:  |   |
| Extreme Shine LLC   |  |   |
| The new name must be distinguishable and comain the words "Lin  | mited Liability Company," the designa                                | tion "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:   |  |   |
| (Principal office address MUST BE A STREET ADD  | RESS)  |   |
|   |  |   |
|   |  |   |
| Enter new mailing address, if applicable:   |  |   |
| (Mailing address MAY BE A POST OFFICE BOX)  |  |   |
|   |  |   |
| B. If amending the registered agent and/or reg<br>registered agent and/or the new registered office ado |  | records, enter the name of the no       |
| Name of New Registered Agent:   |  |   |
| New Registered Office Address:  |  |   |
|   | Enter Floridastr   | vereutdress                             |
|   |  | , Florida                               |
|   | Ciņ  | ZipCode                                 |

### 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. Thereby 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<br>AMBR = Authorized Member |      |         |                |  |
|---|------|---------|----------------|--|
| <u>Title</u>                              | Name | Address | Type of Action |  |
|   |      |         |                |  |
|   |      |         | □ Remove       |  |
|   |      |         | Change         |  |
|   |      |         | Add            |  |
|   |      |         | ☐ Remove       |  |
|   |      |         |                |  |
|   |      |         |                |  |
|   |      |         | □ Remove       |  |
|   |      |         | ☐ Change       |  |
|   |      |         | Add            |  |
|   |      |         | □ Remove       |  |
|   |      |         | ☐ Change       |  |
|   |      |         |                |  |
|   |      |         | ☐ Remove       |  |
|   |      |         | □ Change       |  |
|   |      |         | Add            |  |
|   |      |         | ☐ Remove       |  |
|   |      |         | Change Change  |  |

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Filing Fee: \$25.00