114000 267534

(Requestor's Name)
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SECRETARISE SELFLORIDA

Amend

JAN 1 4 2020 I ALBRITTON

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: 6118	5 Fiest Cl Name of Limi	ass Cleanny ted Liability Company	SORULOS LLC
The enclosed Articles of A	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspon	ndence concerning this matter t	to the following:	
	Lisa Z. 1 Stap Do	Name of Person Sunant & Form/Company	em Filing Sprece
	2101 VIST	A Parkway,	Ste 205
	WPB FL	33411 City/State and Zip Code	
	1: Sa doc O	TEP SELVICE Go be used for future annual report notifi	gm:1. com
For further information ec	oncerning this matter, please ca	ill:	
LiSA Zo	Oodq Person	at (<u>561</u>) 478 - Area Code Daytime	Telephone Number
Enclosed is a check for th	e 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 S Division of Co P.O. Box 632	ection orporations	Street Address: Registration Sec Division of Corp The Centre of Ta	porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314



December 17, 2019

LISA ZEPEDA 1 STOP DOCUMENT & FORM FILING SERVICE 2101 VISTA PARKWAY - STE. 205 WEST PALM BEACH, FL 33411

SUBJECT: GILLES FIRST CLASS CLEANING SERVICES LLC

Ref. Number: L19000267534

We have received your document for GILLES FIRST CLASS CLEANING SERVICES LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Profit Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 919A00025626

Irene Albritton Regulatory Specialist II

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Gilles Fiest Class Class	ining Sorvico:	LLC
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our I Liability Company)	records.)
The Articles of Organization for this Limited Liability Compan Florida document number <u>L 190026753</u> 4	ny were filed on	24) 201 9 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ibility company here:	
The new name must be distinguishable and contain the words "Limited Liab	bility Company," the designatio	n "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		TEST OF THE
Enter new mailing address, if applicable:		30
(Mailing address MAY BE A POST OFFICE BOX)		<u>ب</u> ب
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records,	enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Emer Florida street	address
1980		, 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
TREA	Marie J. Alex	60 Bet 550621	□Add
		Wost Palm Boach FL	□Remove
		33422	Change
TREA	Marie J. Gilles	PO BOX 220691	_X Add
		Wost Palm Bonh Fl	□Remove
		33425	□Change
			DAdd
			□Remove
			🗇 Change
			🗆 Add
			□Remove
			□ Change
 			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

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f an effec <u>Note:</u> I	ce date, if other than the date of filing:
e record rd is file	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
Dated _	01-07 . 2020
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00