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(Re	questor's Name)	
bbA)	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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SECRETARY OF STATE

12/3/20

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: AS Cleaning & Repair UC Name of Limited Liability Company 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:
Rachel L. McDonald Name of Person
AS Cleaning: Repair UC
1859 SE 18319 Terr
Silver Springs, P. 34488
ASC leaning Restove & yahoo. Com E-mail address: (1) be used for future annual report notification)
For further information concerning this matter, please call:
Rochel L. Uconald at (352) 289-4589 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status & Certificate of Status & Certificate 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

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Λ

GANIZATION FILED

on our records, enter the name of the new regist Enter Florida street address
on our records, enter the name of the new regist
on our records, enter the name of the new regist
on our records, enter the name of the new regist
any," the designation "LLC" or the abbreviation "L,L,C."
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Company) TALLARY OF STATE
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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 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
			□Add
			□Change
			□Remove
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			□Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
(If an ef Note:	ive date, if other than the date of filing:
he reco	rd 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 led.
Dated	October 20. 2020.
	Signature of a member or authorized representative of a member
	RACHEL L. McDonald Typed or printed name of signee