

L200000 31941

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

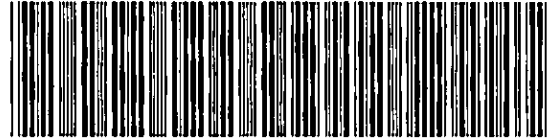
(Business Entity Name)

(Document Number)

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2020 APR 20 PM 3:45

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Amend/Name
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MAY 04 2020

ALBRITTON

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: **CF Multi Surface Cleaners 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:

Fabian E Fuentes

Name of Person

CF Multi Surface Cleaners LLC

Firm/Company

1815 Ole Heritage Dr. Apt#11205

Address

Orlando FL. 32839

City/State and Zip Code

fabianfuentes682@gmail.com

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

For further information concerning this matter, please call:

Fabian E Fuentes

240

6140606

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

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

CF Multi Sultrace Cleaners 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 01/27/2020 and assigned
Florida document number L20000031941.

This amendment is submitted to amend the following:

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

Integrity Sanitation Solutions 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)

1815 Ole Heritage Dr. Apt#11205

Orlando FL

32839

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1815 Ole Heritage Dr. Apt#11205

Orlando FL

32839

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:

Fabian E Fuentes

New Registered Office Address:

1815 Ole Heritage Dr. Apt#11205

Enter Florida street address

Orlando

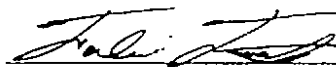
City

Florida 32839

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Fabian E Fuentes	1815 Ole Heritage Dr. Apt#11205	<input checked="" type="checkbox"/> Add
		Orlando FL	<input type="checkbox"/> Remove
		32839	<input type="checkbox"/> Change
MGR	Chris Ramdial	6703 Banner Lake Circle Apt#10304	<input checked="" type="checkbox"/> Add
		Orlando FL	<input type="checkbox"/> Remove
		32821	<input type="checkbox"/> Change
MGR	Edinam Folikumah		<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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[illegible]

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 April 15th 2020



Fabian E Fuentes

Filing Fee: \$25.00