

L20000063557

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

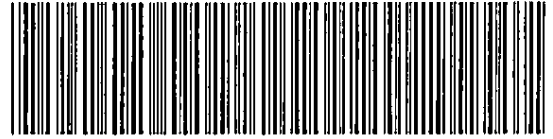
(Business Entity Name)

(Document Number)

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03/17/20--01004--002 \*\*25.00

2020 MAR 16 PM 3:49

FILED  
20 MAR 16 PM 4:18  
MAR 16 2020

MAR 16 2021

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: American Cleaning Solutions of the  
Name of Limited Liability Company Treasure Coast, LLC

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Andy Ruano  
Name of Person

5703 NW Canaba St-  
Address

Port St Lucie, FL 34986  
City/State and Zip Code

ALSTreasurecoast@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Andy Ruano at 772 609.3204  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

American Cleaning Solutions of the Treasure Coast, 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 2.17.20 and assigned  
Florida document number L20000053557

This amendment is submitted to amend the following:

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

N/A

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)

N/A

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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:

N/A

New Registered Office Address:

N/A

*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>	<u>Address</u>	<u>Type of Action</u>
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MGR	Andy Ruano	5763 NW Cahaba St	<input checked="" type="checkbox"/> Add
		Port St Lucie, FL 34986	<input type="checkbox"/> Remove

			<input type="checkbox"/> Change
--	--	--	---------------------------------

MGR	Cecilio A Bravo	5763 NW Cahaba St	<input type="checkbox"/> Add
		Port St Lucie, FL 34986	<input type="checkbox"/> Remove

			<input checked="" type="checkbox"/> Change
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			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
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ST. LUCIE COUNTY  
CLERK OF COURT  
JUL 11 2018 4:18 PM  
RECEIVED

20 MAR 15 PM 4:18  
MAIL ROOM

20 MAR 16 PM 4:18

(If an effective 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)(b)

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.

If the record 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 record is filed.

03-16-20.

And R. R. R.

Signature of a member or authorized representative of a member

Typed name of member

Typed or printed name of signee