## LIC 00067829

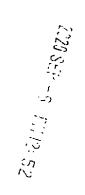
| (Reques                        | tor's Name)   | <u>.                                      </u> |
|--------------------------------|---------------|--|
| (Addres                        | 5)            |  |
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| (City/Sta                      | ite/Zip/Phone | #)   |
| PICK-UP                        | WAIT          | MAIL   |
| (Busine:                       | ss Entity Nam | e)   |
| (Docum                         | ent Number)   |  |
| Certified Copies               | Certificates  | of Status                                      |
| Special Instructions to Filing | officer:      |  |
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OCT 17 2020

## **COVER LETTER**

TO:

Registration Section

Tallahassee, FL 32314

| Division of C                       | orporations                                   |   |  |
|-------------------------------------|---|---|--|
|                                     | nmercial Cleaning and Coil Serv               | ices, LLC   |  |
| SUBJECT:                            | Name of Lim                                   | ited Liability Company  |  |
| The enclosed Articles               | of Amendment and fee(s) are sub               | unitted for filing.   |  |
|                                     | pondence concerning this matter               | -   |  |
|                                     | · -   | Č   |  |
|                                     | Louis J Alguadich                             |   |  |
|                                     |   | Name of Person  |  |
|                                     |   |   |  |
|                                     |   | Firm/Company  |  |
|                                     | 8200 Summerlin Village C                      | Sircle Unit 102   |  |
|                                     |   | Address   |  |
|                                     | Fort Myers, FL 33919-715                      | 2   |  |
|                                     | 2 11 (2) 1                                    | City/State and Zip Code   |  |
|                                     | ec3servicesllc@gmail.com<br>E-mail address: ( | to be used for future annual report no                              | tification)  |
| For further information             | concerning this matter, please c              | all:  |  |
| Louis J Alguadich                   |   | 239 851-0214  |  |
| Name                                | c of Person                                   | at ()   | ne 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) | Ci \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
| <u>Mailing Addi</u><br>Registration |   | Street Address:<br>Registration Se                                  | ection   |
| Division of                         | Corporations                                  | Division of Co  | rporations   |
| P.O. Box 6.                         | 327   | The Centre of   | Tallahassee  |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2920 Sty -8 FM 13: 52

| Elite Commercial Cleaning and Coil Service  | es, LLC                             |                                      | <u>.</u>                 |                                       |
|---|-------------------------------------|--------------------------------------|--------------------------|---------------------------------------|
| (Name of the Limited Liabi<br>(A Floric   | ility Company a<br>da Limited Liabi | s it now appears on or lity Company) | ur records.)             | ·                                     |
| The Articles of Organization for this Limited Liability (Florida document number L20000067829             | Company we:                         | re filed on 03/02/20                 | 20                       | and assigned                          |
| This amendment is submitted to amend the following:   |                                     |                                      |                          |                                       |
| A. If amending name, enter the new name of the lin  | nited liability                     | company here:                        |                          |                                       |
| The new name must be distinguishable and contain the words "Lir   | mited Liability (                   | Company," the designat               | ion "LLC" or the abb     | reviation "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 registere agent and/or the new registered office address here: | ed office add:                      | ress on our record                   | s, <u>enter the name</u> | of the new register                   |
| Name of New Registered Agent:   |                                     |                                      |                          |                                       |
| New Registered Office Address:  |                                     | Enter Florida stre                   | eet address              |                                       |
|   |                                     |                                      |                          |                                       |
|   |                                     | City                                 | , Florida                | 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> | Name              | Address 2020 SE - 2 P               | 12: 5 Eype of Action |
|--------------|-------------------|-------------------------------------|----------------------|
| MGR          | Louis J Alguadich | 8200 Summerlin Village Cir Unit 102 | □Add                 |
|              |                   | Fort Myers, FL 33919-7152           | □Remove              |
|              |                   |                                     | = Change             |
| AMBR         | Kevin Hill        | 210 Westchester Hills Ln            | <b>=</b> Add         |
|              | Valrico, FL 33954 | □Remove                             |                      |
|              |                   |                                     | □Change              |
| <del></del>  |                   | □Add                                |                      |
|              |                   |                                     | □Remove              |
|              |                   | □Change                             |                      |
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|              |                   |                                     | □Remove              |
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|   | be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) ack does not meet the applicable statutory filing requirements, this date will not be listed as the |
| the record specifies a delayed effective cord is filed. | date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the   |
| Dated September 2                                       | 2020   |
| -   |  |

Typed or printed name of signee