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## **COVER LETTER**

TO: Registration S Division of Co				
C&B Qui	flity Home Services, LLC			
SUBJECT:	Name of Lim	nited Liability Company		
	of Amendment and fee(s) are sub	_		
	Lisa Gonzalez Moore			
		Name of Person		
	LGM Law, PLLC			
	<del></del> ,	Firm/Company		
	9040 Town Center Parkwa	iy.		
		Address		
	Bradenton, FL 34202			
	coreysqualitypressureclean	City/State and Zip Code ing@gmail.com		
	E-mail address: (	to be used for future annual report notification	on)	
For further information	concerning this matter, please c	all:		2
Lisa Gonzalez Moore		941 822-8780		
Name	of Person	at () Area Code ——Daytime Tel	ephone Number	
Enclosed is a check for	_			OF STATE SHI ORATIO
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee Certificate of Sta Certified Copy (additional copy is er	tus &

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**

	31 EO OE OE OE O A NIEG A TOLO	3 B I	
	CLES OF ORGANIZATION		
	OF		
C&R Quality Home Services 11 C			
(Name of the Limited	Liability Company as it now appears or	our records.)	's <sup>6</sup>
(A	(Florida Limited Liability Company)	· · · · · · · · · · · · · · · · · · ·	3
C&B Quality Home Services, LLC  (Name of the Limited (A))  The Articles of Organization for this Limited Liab (Torida document number)	pility Company were filed on	0/2020	<b>بی</b> and assigned
This amendment is submitted to amend the follow	ving:		
a. If amending name, enter the new name of th	he limited lighility company here:		
. If antending name, there are new name or a	me minece narrine, company nere.		
he new name must be distinguishable and contain the word	ds "Limited Liability Company," the design	nation "LLC" or the ab	previation "L.L.C."
-			
inter new principal offices address, if applicab			
<u>Principal office address MUST BE A STREET.</u>	ADDRESS)		
nter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BO	OX)		
	ustered office address on our reco	rds, <u>enter the nam</u>	e of the new registe
The state of the s	.e		
	.e		
gent and/or the new registered office address	.e		
	.e		
gent and/or the new registered office address	here:		
gent and/or the new registered office address  Name of New Registered Agent:	here:	strect address	
gent and/or the new registered office address  Name of New Registered Agent:	here:		
	here:	sweet address, Florida	Zip Code
gent and/or the new registered office address  Name of New Registered Agent:	Emer Florida		Zip Code

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
MGR	Britiany Ruth Wooster*	315 BOBBY JONES ROAD SARASOTA, FL 34232	□Add
			□Remove
			□Remove
			□Change
			□Add
			□Remove
			□Add
		<del></del>	□Remove
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		<del></del>	□Remove
			□Change

k	gal name: Brittany Ruth Wooster.
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	04/30/2020
eti	ve date, if other than the date of filing: (optional)
	ective 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 605.0 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed
	ent's effective date on the Department of State's records.
core s fil	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after took
ed .	June 8, 2020
~U .	Malla .
	- Ath
	Signature of a member or authorized representative of a member