L20 000 138706

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(OR) OR OF THE HOLE W
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Amend C'lli

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I ALBRITTON

COVER LETTER

	Name of Lim	ited Liability Company	
he enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
lease return all correspo	ndence concerning this matter	to the following:	
	BELEN CRUZ		
		Name of Person	·
	YAZMIN CLEANING CO	OMPANY LLC	
		Firm/Company	
	418 TERRACE RIDGE C	IRCLE	
	·	Address	
	DAVENPORT, FLORIDA	A 33836	
		City/State and Zip Code	
	CCGB422@GMAIL.COM		
	E-mail address: (to be used for future annual report noul	ication)
or further information e	oncerning this matter, please c	all:	
BELEN CRUZ		863 207-5601	
Name o	f Person		e Telephone Number
inclosed is a check for th	e 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:

TO:

Registration Section
Division of Corporations

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

YAZMIN CLEANING COMPANY LLC	
(Name of the Limited Liability Company ((λ Florida Limited Liab	as it now appears on our records.) ility Company)
The Articles of Organization for this Limited Liability Company we	re filed on FLORIDA and assigned
lorida document number L20000138706	
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	y company here:
he 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)	
<u>-</u>	
	20 J
nter new mailing address, if applicable:	2020 JUN
Mailing address MAY BE A POST OFFICE BOX)	= 1.
	77
-	-
 If amending the registered agent and/or registered office add gent and/or the new registered office address here: 	ress on our records, enter the name of the new registe
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

. 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
AMBR	CARMEN BLANCO	339 NICHOLSON DR	□ Add
		DAVENPORT, FLORIDA 33837	≡ Remove
			□Change
			□ Add
			□ Remove
			□Change
			□ Add
			□Remove
		 	□ Change
			
			□Remove
			☐ Change
			□ Add
			□Remove
			□ Change
.			🗆 Add
			□Remove
			□ Change

Page 2 of 3

	
	,
	06-09-2020
(If an e <u>Note</u>	ctive date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: see 90th day after the record is filed.
Date	d 06/09/2020 B. J. (8)
	Signature of member or authorized representative of a member
	BELEN CRUZ
	Typed or printed name of signee