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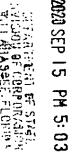
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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06/22/20--01003--015 **25.00 RECEIVED JUN 19 2020



SEP 15 2020 S. YOUNG



August 5, 2020

ELMER RAFAEL GARCIA MAILLO 5150 W 12 AVENUE APT 315 HIALEAH, FL 33012

SUBJECT: TOTAL CLEANING AND FUMIGATION LLC

Ref. Number: L20000152322

We have received your document for TOTAL CLEANING AND FUMIGATION LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 820A00014639

Shelia H Young Regulatory Specialist II

www.sunbiz.org

COYER LETTER

TO: Registration Section

Division of Corporations				
	AL CLEANING AND FUMIGA	TION LLC	,	
SUBJECT:	Name of	Limited Liability Company	2000	
The enclosed Artic	cles of Amendment and fee(s) are	submitted for filing.		
Please return all co	orrespondence concerning this ma	tter to the following:		
	ELMER RAFAEL GA	RCIA MAILLO		
		Name of Person		
	ELMER RAFAEL GARCIA MAILLO			
		Firm/Company		
	5150 W 12 AVE APT	315		
		Address		
	HIALEAH FL 33012			
		City/State and Zip Code		
	GARCIAMAILLO2017	=		
		ss: (to be used for future annual report n	otification)	
For further inform	ation concerning this matter, pleas	se call:		
ELMER RAFAEL	. GARCIA MAILLO	786 6619543		
1	Name of Person		ime Telephone Number	
Enclosed is a check	k for the following amount:			
■ \$25.00 Filing	Fee S30.00 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)	
Divisior P.O. Bo	tion Section of Corporations	Street Address: Registration S Division of C The Centre of 2415 N. Mon Tallahassee, F	orporations Tallahassee roe Street, Suite 810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TOTAL CLEANING AND FUMI	GATION LLC			SER -
(Name of the Lim	ited Liability Compan (A Florida Limited L	iy as it лоw appears on o iability Company)	ur records.)	307 5
The Articles of Organization for this Limited L Florida document number L20000152322	Liability Company v	were filed on <u>06/03/20</u>	20	and assigned
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liabil	ity company here:		
The new name must be distinguishable and contain the	words "Limited Liabilit	ty Company," the designat	tion "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applic	cable:		,	
(Principal office address MUST BE A STREE	ET ADDRESS)			
			<u>. </u>	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	BOX)		·	
B. If amending the registered agent and/or agent and/or the new registered office addre	registered office ac ss here:	ldress on our record	s, <u>enter the</u>	name of the new registered
Name of New Registered Agent:	LIUDA GARCIA	MAILLO		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:				
		Enter Florida stre	eet address	·
		City	, Florid	aZip Code
		City		гір Соае

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>	Address	Type of Action
AMBR	LIUDA GARCIA MAILLO		□Add
		5150 W 12 AVE APT 315 HIALEAH FL 33010	≡ Remove
			□Change
PRESIDE	ELMER RAFAEL GARCIA MAII	5150 W 12 AVE APT 315 HIALEAH FL 33010	= Add
			□Remove
			□Change
			□Add
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			□ Change

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