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(Req	uestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Special Instructions to F	iling Officer:	
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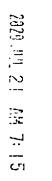
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AUG 31 2020 S. YOUNG

## **COVER LETTER**

TO: Registration 9 Division of Co			
SUBJECT: San	Patchris Re Name of Lin	SIGENTIAL COMP nited Liability Company Serv	merical Cleanin
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	oundence concerning this matter	to the following:	
	halph (	LOLV Name of Person	
	<del></del>	Firm/Company	
	5512 NW E	Address	PRWY
	_ Port St	City/State and Zip Code	1986
	E-mail address: (	1405 Q HANOO. CON trybe used for turne annual report noti	fication)
For further information	concerning this matter, please c	all:	
halph 1	of Person	at ( <u>954</u> ) <u>1082</u> Area Code Daytim	e 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)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addre</u> Registration		<u>Street Address:</u> Registration Sec	ction
Division of C	Corporations	Division of Cor	
P.O. Box 63		The Centre of T	
Tallahassee.	rt. 52514	2415 N. Monroe	e Street, Suite 810

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited I	MWWY (Ca. Cie ny as it now appears on our jability Company)	Canal NG Service L	iC
The Articles of Organization for this Limited Liability Company Florida document number 20018551.			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designatio	on "LLC" or the abbreviation "L.L.C	
Enter new principal offices address, if applicable:			.:
(Principal office address MUST BE A STREET ADDRESS)			, 
			<u>::</u> لد
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		<del></del>	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	nddress on our records,	enter the name of the new r	egister
Name of New Registered Agent:			<del></del>
New Registered Office Address:		· · · · · · · · · · · · · · · · · · ·	
	Enter Florida street	t address	
		, Florida Zip Code	
Nam Degistered Agent's Signature (Cabonatica Daylanda	Ciţ	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agre	e to act in this capacit	y. I further agree to comply	with L

If Changing Registered Agent, Signature of New Registered Agent

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 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
Mah	halph Leger	SSIZ NWEast Torino	DAdd
	Ü	SSIZ NWEast Torino Phwy, Port ST Lorie PL, 34986	□Remove
		PL, 34986	□Change
			🗀 Add
			□Remove
			□Change
			□Add
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E. Effectiv	re date, if other than the date of filing:
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nt's effective date on the Department of State's records.
If the reco	ard specifies a delayed effective date, but not an effective time, at $12:01~a.m.$ on the earlier of $90th$ day after the record is filed.
Dated _	July 15 . 2020.
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00