## 120000339091

(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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S. YOUNG

## COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: AAA Connercial Cleaning Pros LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Alfred Phillips Name of Person
AAA Commercial Cleaning Pros LLC Firm/Company
3200 NW 620d Ave # 508
Margate FL 33063  City/State and Zip Code
E-mail andress: (to be used for future annual report notification)
or further information concerning this matter, please call:
Area Code Daytime Telephone Number
:losed is a check for the following amount:
\$25.00 Filing Fee \$\sum \text{S55.00 Filing Fee & Certificate of Status}\$\$ \text{Certificate of Status}\$\$ \text{Certified Copy (additional copy is enclosed)}\$\$ \text{Certified Copy (widditional copy is enclosed)}\$\$

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

(A f	iorida Limited Lia	nadinty Company)
The Articles of Organization for this Limited Liabil		were filed on $08/07/2020$ and assigned
This amendment is submitted to amend the following		
A. If amending name, <u>enter the new name of the</u>	limited liabili	lity company here:
The new name must be distinguishable and contain the words	"Limited Liability	ity Company," the designation "L.L.C." or the abbreviation "L.L.C."
		3200 NW 6200 Ave #508
(Principal office address MUST BE A STREET A	<u>DDRESS)</u>	Margate, FL 33063
Enter new mailing address, if applicable:  *Mailing address MAY BE A POST OFFICE BOX  3. If amending the registered agent and/or registered and/or the new registered office address here.	stered office ad	3200 NW 62 <sup>rd</sup> Ave #508 Margate, FL 33063 dress on our records, enter the name of the new registered
Name of New Registered Agent:	alfred	E Phillips Jr
New Registered Office Address:	3200 N	Enter Florida street address
visions of all statutes relative to the proper a rept the obligations of my position as register	gent and agree and complete po ed agent as pro stered office a	Florida 33063  City Zip Codes  The to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and royided for in Chapter 605. F.S. Or, if this document is address, I hereby confirm that the limited liability

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

Title	Name	Address	Type of Action
MBR	Offred E Phillips Jr	P.O. Box 670362	&Add
		P.O. Box 670362 Coral Springs FC 3306	<b>☐</b> □Remove
			□Add
			□Remove
			□Change
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	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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	late, if other than the date of filing: (optional) e 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 605.020
te: If th	e date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
cument	s effective date on the Department of State's records.
ecord sp	ecifies a delayed effective date, but not an effective time; at 12:01 a.m. on the earlier of: (b) The 90th day after the
is filed.	in the same of the source of t
ted _/ <u>/</u> _	Afred Philips  Typed or printed name of signee
	Much Philips
	Signature of a member or authorized representative of a member
	alfor 1 Blill as
	Typed or printed name of cignee