## L20000247120

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(Document Number)
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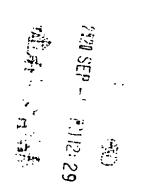
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C. GOLDEN SEP - 4 2020

## **COVER LETTER**

т ТО:

Registration Section

Division of Corporations		
SUBJECT: SMART- MAN COMMERCY Name of Lim	IT CLEANING SERVICES, LIC nited Liability Company	
The enclosed Articles of Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondence concerning this matter	to the following:	
	Name of Person  MMERCIAL CLEANING SERVICES, LIC	
1603 RUSTLING	Firm/Company  Shirts BUD  Address	
MIDWAY F SMART MAR E-mail address:	City/State and Zip Code  1 ENTERPRISE @ GNALL COM  (to be used for future annual report notification)	
For further information concerning this matter, please c		
SHOWTEL RITMAN Name of Person	at (850) 445 - 7293 Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:		
S25.00 Filing Fee	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional 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

(Name of the Limited Liability Company as it now appears on our re (A Florida Limited Liability Company)	<u>Cords.)</u> Fill 12: 4:5
The Articles of Organization for this Limited Liability Company were filed on 6-13-2 Florida document number 12000 247 120	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
The 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)	
<del></del>	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on our records, en agent and/or the new registered office address here:	iter the name of the new registered
Name of New Registered Agent:	<del></del>
New Registered Office Address:	
Enter Florida street aa	ldress
	, Florida
·	Zip Code
New Registered Agent's Signature, if changing Registered Agent;	
I hereby accept the appointment as registered agent and agree to act in this capacity, provisions of all statutes relative to the proper and complete performance of my duties accept the obligations of my position as registered agent as provided for in Chapter 66 being filed to merely reflect a change in the registered office address, I hereby confirm	s, and Lam familiar with and 05, F.S. Or, if this document is

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 remayed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MCE	ERIN FIELDS	1603 RUSTLING PINES BLUD	□∧dd
		MIDWAY, FL 32343	[]]!cmove
			□Change
AMBR SHONTE RITTMAN	1603 RUSTRING PINKS BUYD	ÜVdd	
	MIDWAY FL 32343	🗆 Remove	
		□Change	
<del></del>			□ ∧dd
			□Remove
			□Change
			🗀 Add
			□Remove
			□Change
	<del></del>		🗀 Add
		□Remove	
			□Change
			□Remove
			☐ Change

Note:	tive date, if other than the date of filing:
he reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
Dated	SEPTENBER 4, 2020
	Signature of a member or authorized representative of a member
	Site of Property and
	Typed or printed name of signee