## LZO 000 287474

(Requestor's Name)	
(Address)	
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(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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## **COVER LETTER**

TO:

Registration Section
Division of Corporations

Tallahassee, FL 32314

	TOUCH CLEANING & PAIN	TING SERVICES LLC	
SUBJECT:	Name of Limi	ted Liability Company	<del></del>
The analoged Articles of	Amendment and fee(s) are sub-	mitted for filing	
Please return all correspo	ndence concerning this matter	to the following:	
	ANNA F. MILLER		
	<u> </u>	Name of Person	
	MILLER'S TOUCH CLEA	NING & PAINTING SERVICE	ES LLC
		Firm/Company	
	347 BERENGER WALK		
		Address	
	WELLINGTON FLORIDA	A 33414	
		City/State and Zip Code	
	afmiller2005@yahoo.com	16.6.	
		to be used for future annual report n	offication)
For further information c	concerning this matter, please co	aH:	
ANNA F. MILLER		561 476-1102 at ()	
Name o	of Person	Area Code Days	ime Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration	Section	Street Address: Registration	Section
Division of C P.O. Box 632	=	Division of C The Centre o	Corporations f 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 out (A Florida Limited Liability Company)  The Articles of Organization for this Limited Liability Company were filed on SEPTEM Florida document number L20000287474	
	BER 14 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
MILLER'S TOUCH CLEANING SERVICES LLC	
The new name must be distinguishable and contain the words "Limited Liability Company," the designat Enter new principal offices address, if applicable:	tion "LLC" or the abbreviation "L.L.C."
Principal office address MUST BE A STREET ADDRESS)	l <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 record agent and/or the new registered office address here:	s, enter the name of the new registe
Name of New Registered Agent:	
New Registered Office Address:  Enter Florida str	eet address

## 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

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	Anna F. Miller	347 Berenger Walk Wellington FL. 33414	\equiv Add
			Remove
			□Change
MGR	Maria-Goretti F. Miller	347 Berenger Walk Wellington FL. 33414	<b>=</b> Add
			Remove
			BAdd C
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ted  Signature of a member or authorized representative of a member.		