

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| |
| |
| |
| Only |

Office Use Only



700353403667

16/09/28--01019--018 **E0.88

NOV 1 6 2020 S. YOUNG 9 DCT -9 PM 6: 43

COVER LETTER

| TO: Registration Se Division of Cor | | · | • |
|--|--|---|---|
| SUBJECT: | in y Penney | ed Liability Company | Service UC. |
| ı | | | |
| The enclosed Articles of | Amendment and fee(s) are subm | nitted for filing. | |
| Please return all correspo | ondence concerning this matter to | the following: | |
| | Pennie T | D. Clarke Name of Person | |
| | Shiny Per | mey Total | Cleaning L.L.C |
| | 7235 Jor | ngul Drive | |
| | <u>Orlando</u> | FIA 3281 City/State and Zip Code | 8 |
| | applepeny E-ntail address: yb | he used for fugire annual report n | COM |
| For further information e | oncerning this matter, please cal | l: | |
| Pennie (| <u>Clarke</u> | at (<u>352</u>) <u>999</u> Area Code Dayt | . 2790 ime Telephone Number |
| | | · | |
| Enclosed is a check for th | ie 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) |
| | | | |

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

| | OF | |
|--|---|--|
| Shiny Peney Cle (Name of the Limited Liability (A Florida) | Company of it now appears on of imited Liability Company) | e L L C ? |
| The Articles of Organization for this Limited Liability Cor Florida document number $\frac{10200010621}{100000000000000000000000000000000000$ | mpany were filed on 9 – 1 | 16-2020 and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited the new name must be distinguishable and contain the words "Limited to the new name must be distinguishable and contain the words "Limited to the new name must be distinguishable and contain the words "Limited to the new name of the limited to the new name of the new | Cleaning | L. L. C tion "L.L.C" or the abbreviation "L.L.C," |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRE | <u> </u> | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | PO BOX la Drlando | 90772 FL 32869 |
| B. If amending the registered agent and/or registered agent and/or the new registered office address here: | office address on our record | ls, enter the name of the new registered |
| Name of New Registered Agent: | ennie D. C | Clarke. |
| New Registered Office Address: | - 55 \DAGV11 Enter Florida sti | Drive. |
| <u>Or</u> | lando City | Florida 328/8 Zip Code |
| At the first term of the first and the first term of the first ter | t | |

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.

f 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> | <u>Address</u> | Type of Action |
|--------------|------------------|---|----------------|
| MGR | Pennie D. Clarke | 7235 Jorquil Dive Orland | EF XAdd |
| | | Felith M. Marshall | |
| | , <u> </u> | Pennie D. Clarke 11 7235 Janqui Drive DI | Change |
| MGR | Felith M. Marsha | 11 7235 Janqui Drive DI | ad - Add |
| | | | Remove |
| | | | □ Change |
| | | | Dadd |
| | | | □Remove |
| | | | □Change |
| | | | 🗀 Add |
| | | | □Remove |
| | | | □Change |
| | | | □Add |
| | | | □Remove |
| | | | □Change |
| | | <u> </u> | 🗆 Add |
| | | | □Remove |
| | | | □Change |

| | | | | | | | - |
|---|--|------------------------------------|-------------------|--------------------------------------|--|-------------------------|--------------------|
| | | | | | | | _ |
| | | | - | . - | | | _ |
| | | | | | | | |
| | | <u> </u> | | - . | | | _ |
| | | | | | | | _ |
| | | | | | | _ | _ |
| | | | | | | | |
| | | | - | | | | _ |
| | | | | | | | •••• |
| | | | | | | • | _ |
| | | · | | | | | _ |
| | | | | | | | _ |
| | · · · · · · · · · · · · · · · · · · · | | | | | | _ |
| | | | | | | | _ |
| | | | | <u> </u> | | | _ |
| | | | | - | | | _ |
| n effective date is I <u>ite:</u> If the date ii | other than the dat isted, the date must be iserted in this block we date on the Depar | specific and cand does not meet | the applicable s | of filing or more tatutory filing re | doptio (optio) (han 90 days after quirements, this | filing.) Pursuant to 60 |)5.0207 sted as |
| ecord specifies a is filed. | delayed effective da | ite, but not an e | effective time, a | i 12:01 a.m. on t | he earlier of: (b) | The 90th day aft | er the |
| | 1 | 16 | 2020 | | | | |
| 0 | tember | <u></u> | | | | | |
| ned Sep | DO | Un | _ | representative of a | | | |