## L21000020447

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PICK-UP	WAIT MAIL
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	(Duningge Entity Name)
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer
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Office Use Only



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## **COVER LETTER**

TO:

Registration Section

Division of Cor	porations		
SUBJECT:	aning Experts Name of Lim	of Central Floric	6a_11C_
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	- ASPL	n Thomas Name of Person	
	Cleaning Ex	PINTS DF (INTI):	(FloridallC
	210 North	MISSULVI AVE :	#1492
	la	City/State and Zip Code	33802
	CloClintin HIL E-mail address: (	sylda IIC	fication)
For further information c	oncerning this matter, please co		7 - 6955
Name o	f Person	at (803) 25° Area Code Daytim	c Telephone Number
Enclosed is a check for the	ne following amount:		
∑ \$25.00 Filing Fee	(2) \$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 States Division of CP.O. Box 632 Tallahassee, I	Section orporations 7	Street Address: Registration Se Division of Con The Centre of 7 2415 N. Monro Tallahassee, FL	porations Fallahassee e Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

(Name of the Lippited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L2100w 20 447</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lial	pility company here:
The new name must be distinguishable and contain the words "Limited Liab	
Enter new principal offices address, if applicable:	210 Worth MISSOURI AVE
(Principal office address MUST BE A STREET ADDRESS)	#1492
	Lalleland, FL, 33802
Enter new mailing address, if applicable:	FO BOX 1492
(Mailing address MAY BE A POST OFFICE BOX)	10 Bbx 1492 Lakeland, FL, 33802
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address: 1917	Van buren 100 p  Enter Floridu street didress
Au	burndale, Florida 33823
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>

111.

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.

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 Type of Action Jerome Major 2212 2nd STNW DAD Thomas 1917 Van Buren lage DAD Auburndale Fl, 33823 - Remove \_\_XChange  $\square$ Add □ Change □Ādd . ○ □Remove \_\_ Change □Remove \_\_\_\_ Change 

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	Signapare o	f a member or author	tzéd representative	of a member	

Filing Fee: \$25.00