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PICK-UP	☐ WAIT	MAIL
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Special Instructions to F	iling Officer:	
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## **COVER LETTER**

Division of Corporations
SUBJECT: Jay'S Complete Cleaning Service 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:
Jevome w Stot+ 512 Name of Person
Firm/Company
Abl SW 56th AVR Apt 108 Address
Mayate FL 33068 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tensme to South TR at (GSH) 235-4-918  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee,  Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)  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

Jay's Complete	<u>Cleaning</u> Service	LLC
(Name of the Limited Liab) (A Flori	ility Company as it now appears on our reco da Limited Liability Company)	rus.)
The Articles of Organization for this Limited Liability Florida document number <u>しまいののち</u> みよし		and assigned
This amendment is submitted to amend the following:		27
A. If amending name, enter the new name of the lir	nited liability company here:	P. T.
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "Ll	
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	ORESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	-	
B. If amending the registered agent and/or register agent and/or the new registered office address here:		er the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addr	ess
	ı	lorida
<del></del>	City	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. 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.

————— Change

MGR TAMIKA Scott ———— □Add ———— 🗆 Remove ————— Change ———— □Add

or removed from our records:

AMBR = Authorized Member

<u>Name</u>

MGR = Manager

<u>Title</u>

AM BR

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ffective date, if	other than the date of filing: (optional)	
	listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 inserted in this block does not meet the applicable statutory filing requirements, this date will not be list	
	ive date on the Department of State's records.	.cu as
record specifies a	delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	r the
l is filed.	· · · · · · · · · · · · · · · · · · ·	
ated JUNE	20x4.	
	Signature of a member or authorized representative of a member	
	(/m W Sect //	
	Signature of a member or authorized representative of a member	
	·	
	Jeisme W Scott JR Typed or printed name of signee	

• • •

Filing Fee: \$25.00