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Office Use Only



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June 30, 2021

SHONTRAILL WARREN 2705 NW HATCHES HARBOR RD PORT SAINT LUCIE, FL 34983

SUBJECT: JABRILL'S CLEANING SERVICES LLC

Ref. Number: L21000196045

We have received your document for JABRILL'S CLEANING SERVICES LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yvette Scott Document Specialist II

Letter Number: 121A00015006

RECEIVED

JUL 26 2021

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

COVER LETTER

Division of Corpo	orations		
SUBJECT: JANK	Name of Lim	Service (ited Liability Company	SILC
The enclosed Articles of Ar	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	lence concerning this matter	to the following:	
	Shontrall	Name of Person	
	Jabrill's	Chaning Se	XVICES 28
	2705 NW +	Hatches Hart	xor Rd Robert
	Port Sount	LUCIC F1. 349° City/State and Zip Code	PM 4: 08
	Warrens 5 E-mail address: (1	0934 a 4ah00 to be used for future angual report notific	CUM (17 cm)
For further information con-	cerning this matter, please ca	all:	
Shuntall L Name of P	<u>Uarren</u>	at (172) ZOI- Area Code Daytime T	2170 Telephone Number
Enclosed is a check for the	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:		Street Address:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

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

·
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."
Built Cleaning Services LLC
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)
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, enter the name of the new registered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address: Enter Floxida street address 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.

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>Address</u> **Type of Action** Title <u>Name</u> \square Add □Remove □Change □Add □Remove □ Change Change □Add □ Rdmove □ Change □Remove □ Change □Remove

□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E.	Effective date, if other than the date of filing:	(optional)
	(If an effective date is listed, the date must be specific and cannot be prior t	o date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
	Note: If the date inserted in this block does not meet the applica	ble statutory filing requirements, this date will not be listed as the
	document's effective date on the Department of State's records.	

If the 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 the record is filed.

Dated	
Signature of a member or authorized representative of a member	
Shontrall Warren	
Typed or printed name of signee	