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(Re	equestor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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(Do	ocument Number)	
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ALBRITTON

COVER LETTER

CUDIECT.	Lorraine's Jan	nitorial Services LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		Lorraine Council	
		Name of Person	
		Pirm/Company	
		18353 SW 107 AVE	
		Address	
		MIAMI,FL 33157	
		City/State and Zip Code lcouncil46@gmail.com	
	E-mail address: (to be used for future annual report notif	ication)
For further information c	oncerning this matter, please c	all:	
		786 646-8106	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	ne 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)

TO:

Registration Section Division of Corporations

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

Lorraine's Janitorial S	Services LLC	
(Name of the Limited Liability Comp	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	-1 /	and assigned
1 21000241929	1	<u> </u>
Florida document numberL21000241838	1	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	oility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		- 181
		The same
Enter new mailing address, if applicable:		17.
(Mailing address MAY BE A POST OFFICE BOX)		
(Matting dataress MAT BE AT OST OT FICE BOX)		<u> </u>
		
		J
B. If amending the registered agent and/or registered office	address on our records, enter the	name of the new registere
agent and/or the new registered office address here:		
Name of New Registered Agent:		
Name of New Registered Agent.		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	
	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>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Lorraine Council	18353 SW 107 AVE	#Add
			□Remove
			□Change
			🗀 Add
			□Remove
			□Change
			[D] Add
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ective date, if other than the coeffective date is listed, the date must e: If the date inserted in this blooment's effective date on the Department.	ck does not meet the a	ipplicable statute	ling or more than 9 ory filing require	(optional)) days after filing.) I ments, this date w	tursuant to 605.020 ill not be listed a
ord specifies a delayed effective filed.	date, but not an effect	tive time, at 12:0	11 a.m. on the ca	flier of: (b) The	90th day after th
ed June 2	. 2021		Λ		
			. //		
	Signature of a member of	e Con	nc.		

Filing Fee: \$25.00