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COVER LETTER

Division of Corporations
SUBJECT: 5 ED 5000 Sanitorial 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:
Dominique Williams Joses Name of Person
Firm/Company
6435 COOper Lya Address
Jox 171. 32210 City/State and Zip Code
JDJores January al Service (14 4700) (DM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Dominique Williams Jones at (904) 703 8139 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \Bigcup \$55.00 Filing Fee & \Bigcup \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

TO:

Registration Section

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

(A Flor	rida Limited Liability Company)
The Articles of Organization for this Limited Liability	y Company were filed on <u>Sull 1,309</u> and assigned
Florida document number <u>L. 21000 30 256</u>	<u>9</u> .
This amendment is submitted to amend the following:	; :
A. If amending name, enter the new name of the li	imited liability company here:
The new name must be distinguishable and contain the words "I	Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
	connect Enterinty Company, the designation EEC of the appreviation E.T.C.
Enter new principal offices address, if applicable:	DRESS)
(Principal office address MUST BE A STREET ADD	
Enter new mailing address, if applicable:	ASSO A
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or register	red office address on our records, enter the name of the new registered
agent and/or the new registered office address here	<u>e:</u>
Name of New Registered Agent:	arry Jones
New Registered Office Address:	Enter Florida street address
	Dacksonville, Florida 32210
	City Zip Code
New Registered Agent's Signature, if changing Register	ered 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 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	Dominique Jans	10435 Carper Ln	Æ⊅Add
		Jax, F1, 32210	□Remove
			□Change
mer	Barry Jones	6435 Carper Lo	
		Jox, F1. 32010	□Remove
			□Change
			
			□Remove
			Change
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ord spec filed.	cifies a dela	yed effe	ctive date, b	not an effec	ctive tim	e, at 12:0	l a.m. on ti	ne earlier of: (b)	The 90th day after th
1 <u>J</u>	uly	2	<u> </u>	_, <u>a</u> t	<u> 281</u>				
Î	Dome	igle.	Signature	of a member of) or authori	zed represe	ntative of a	member	
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