## 121000346962

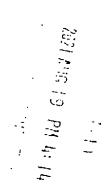
(Requestor's Name)
(requestors Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(220202 =,
(Document Number)
(Excument Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
}

Office Use Only



500371767945

08/19/21--01019--003 \*\*25.00



0/2/200

## **COVER LETTER**

TO:

Registration Section Division of Corporations

AMP CLE SUBJECT:	ANING AND SANITIZING S	ERVICES LLC	
SUBJECT:	Name of Lin	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:	
	Dominique Pearson		
		Name of Person	
	·	Firm/Company	<del></del>
	1244 Gorham St		
		Address	
	Jacksonville, Fl 32226		
		City/State and Zip Code	
	AMP.CSSERVICES@GM		·
	n-mail address: (	to be used for future annual report not	incation)
For further information of	concerning this matter, please c	all:	
Dominique Pearson		904 910-1633 at ()	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	he 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 Addres Registration ( Division of C	Section	<u>Street Address:</u> Registration Se Division of Co	
P.O. Box 6327		The Centre of Tallahassee	
Tallahassee, I	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AMP CLEANING AND SANITIZING SERVICES LLC

company has been notified in writing of this change.

( <u>Name</u> of the <u>Limit</u>	ed Liability Company as it now appears on (A Florida Limited Liability Company)	our records.)		
The Articles of Organization for this Limited Li Florida document number <u>L21000346962</u>		2021	and assigned	
This amendment is submitted to amend the following				
A. If amending name, enter the new name of	f the limited liability company here:			
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the design	nation "LLC" or the abbrev	riation "L.L.C."	
Enter new principal offices address, if applic	able:			
(Principal office address MUST BE A STREE	T ADDRESS)			
Enter new mailing address, if applicable:	:			_
(Mailing address MAY BE A POST OFFICE	<u></u>			
B. If amending the registered agent and/or r		rds, <u>enter the name o</u> l	f the new regi	stered
agent and/or the new registered office addres	<u>ss here</u> :		هر ه	
			2323	
Name of New Registered Agent:			704	
New Registered Office Address:	7643 GATE PARKWAY SUITE 104			
	Enter Florida s			
	Jacksonville	Florida 32256		
	City		Zip Code	<del></del>
New Registered Agent's Signature, if changing I	Registered Agent:	·:	÷	
I hereby accept the appointment as registere provisions of all statutes relative to the prope accept the obligations of my position as regis being filed to merely reflect a change in the i	er and complete performance of my stered agent as provided for in Chap	duties, and I am fami oter 605, F.S. Or, if th	iliar with and his document	1

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
			□Add
			□Remove
			Change
			🗆 Add
			□ Remove
			□Change
			□Add
		□Remove	
			Change
		□Remove	
			Change
	·	□Add	
			□Remove
			Change
			□Remove
			□Change

	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
-	
_	
_	
-	
-	
_	
_	
-	
-	
_	
_	
-	<del></del>
_	
-	
(If an eff Note:	ve date, if other than the date of filing:
the recor	d 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 ed.
Dated	August 13th
	Signature of a member or authorized representative of a member
	Dominique Pearson  Typed or printed name of signee