

Division of Corporations

L21000331834
Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number: (850) 617-6383

From: Account Name: LEGALZOOM.COM INC.
Account Number: 120010000062
Phone: (323) 962-8600
Fax Number: (323) 962-3889

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

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DIVISION OF STATE
TALLAHASSEE, FLORIDA

2021 SEP -7 AM 10: 19

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BELBY CLEANING SERVICES LLC

Certificate of Status	0
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TALLAHASSEE, FLORIDA

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Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BELBY CLEANING SERVICES LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

FILED IN THE OFFICE OF THE CLERK OF THE SUPREME COURT OF THE STATE OF FLORIDA

2021 SEP 07 AM 10:19

FILED

The Articles of Organization for this Limited Liability Company were filed on _____ and assigned Florida document number L21000351583

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."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2465 S US HWY 1

St Augustine, FL 32086

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2465 S US HWY 1

St Augustine, FL 32086

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 Florida street address

Florida

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	ROBIN BELMONT	2465 S US HWY 1 St Augustine, FL 32086	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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