

9/28

L22000039693

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

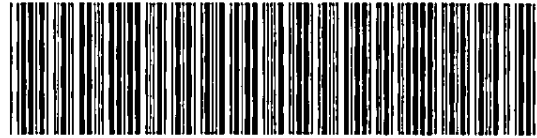
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

52 9/29



100388932841

06/10/22--01006--010 **25.00

2022 SEP 28 AM 10:27

FILED

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 8, 2022

JULIE'S SAFE SANITIZING LLC
2235 NW 195TH STREET
MIAMI, FL 33056

SUBJECT: JULIE'S SAFE SANITIZING LLC
Ref. Number: L22000039693

We have received your document for JULIE'S SAFE SANITIZING LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for completion of the enclosed affidavit as well as the following correction(s).

The document must be signed by a member or an authorized representative of a member.

If you have any questions concerning the filing of your document, please call (850) 245-6862.

Sean Toner
Director

Letter Number: 722A00019958

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED

2022 SEP 28 AM 10:27

JULIE'S SAFE SANITIZING LLC

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

ALL ASSOCIATES

The Articles of Organization for this Limited Liability Company were filed on 01/20/2022 and assigned
Florida document number L22000039693.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

J&E Multi Cleaning Services LLC

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)

2235 N.W. 195th St.
Miami Gardens, Fl.
33056

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 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

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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 to 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 applicable 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 June 6

2022

Julie Harris
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Julie Harris

Typed or printed name of signee

Filing Fee: \$25.00