

L22000094555

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

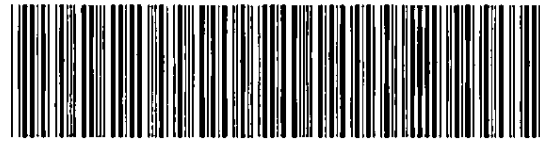
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800384276498

04/12/22--01004--010 \*\*25.00

RECEIVED  
2022 APR 12 AM 9:52  
CLERK OF STATE  
TALLAHASSEE, FL 0900

FILED  
2022 APR 12 AM 9:18  
CLERK OF STATE  
TALLAHASSEE, FL

Amend

APR 13 2022  
ALBRITTON

**CORPORATE  
ACCESS,  
INC.**

When you need ACCESS to the world

25

236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

**WALK IN**

**PICK UP:** 04//2022

☐ **CERTIFIED COPY**

☒ **PHOTOCOPY**

☐ **CUS**

☒ **FILING**

LLC AMENDMENT

1. EJS DRYER VENT & WINDOW CLEANING, LLC

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FILED  
2022 APR 12 AM 9:18  
CLERK OF DISTRICT COURT  
JACKSONVILLE, FL  
and assigned

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

**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**

[illegible]

[illegible]

(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)

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 APRIL 11, 2022

Emilio J. SCROBE

Signature of a member or authorized representative of a member

EMILIO J. SCROBE

Typed or printed name of signee

**Filing Fee: \$25.00**