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## **COVER LETTER**

Division of Corporations
SUBJECT: And C
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Ignace Jean ves Gerald
Land G Cleaning Lic
515 NE 135th St
North Mani FL 33161 City/State and Zip Code
geraldignace1974@ Jahoo. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Ignace Jean yves Gerald at (561) 507-6892  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee,  Certificate of Status Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tollahassaa El 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

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

(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>し ユスロロロ に フ</u> ラス This amendment is submitted to amend the following:	•	and assigned
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applicable:		22
(Principal office address MUST BE A STREET ADDRESS)		<b>100</b> 28
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)		PHIZ: 16
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the nan</u>	ne of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida strvet address	
	, Florida	
	Cin	Zıp 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.

City

If amending Authorized Person(s) authorized to manage, enter the fitle, name, and address of each person—being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Ignace Jean, 4ves Ger	uld 515 NE 135 STAMISMI, FL	_ <b>(X</b> ) Add
			_ □Remove
			_ 🗆 Change
MGR	Joseph Lourdes	515 NE 135th ST N. MIAMIFL	_ DAdd
			_ <b>⊠</b> Remove
			_ Change
			_ □Add
			_ DRemove
			Change
			_ DAdd
			_ 🗆 Remove
			_ □Change
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			_ □Remove
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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.