## L24 0000 18178



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TALLAHASSEL FL

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## **COVER LETTER**

Tallahassee, FL 32314

TO: Registration Section Division of Corporations
SUBJECT: Asaliah Cleaning & Maintenance (CC Name of Limited Lability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Toussoint Jehovah
Firm/Company
4118 Emerold Vista Lake
Lake Worth Fl 33461  City/State and Zip Code  JEHOVAHLOVACYAROO. FR  E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Toussaint Jehovan at (786) 763-8462  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  S55.00 Filing Fee Certified Copy (additional copy is enclosed)  S60.00 Filing Fee.  Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of Corporations
P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Asaliah Cleaning & Maintenance LC

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

(A Florida Limited I	.iability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>134000 78178</u>	were filed on <u>O2</u>	$\frac{13}{3}$
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab  ASALiah Proferty Manape  The new name must be distinguishable and contain the words "Limited Liabil		ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		2024 3 C H
Enter new mailing address, if applicable:		7 16 P
(Mailing address MAY BE A POST OFFICE BOX)		PH L:
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our record	s, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida str	
	City	, Florida
New Registered Agent's Signature, if changing Registered Agent:	· · · · · ·	rep Crae
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	ee to act in this capac performance of my d provided for in Chapt	uties, and I am familiar with and er 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
			□Change
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record s I is filed.		iyed effective d	ate, but not a	n effective tin	ne, at 12:01 a.r	n, on the earli	er of: (b) The	90th day after the
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rated	##		<del>/</del>					
zated		USSAIN (	gnature of a me	ember or author	ized representat	ive of a membe	<u></u> I	

Filing Fee: \$25.00