

L15000013435

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

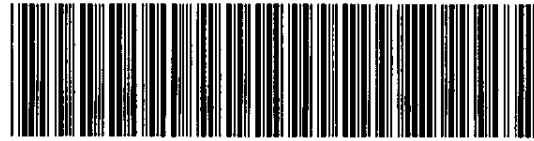
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800267448808

02/06/15--01020--003 **25.00

FILED
2015 FEB - 6 PM 3:48
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FEB 13 2015
J. BRUCE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Sandiego Cleaning Services
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sandra Sanchez Diago-Grillo
Name of Person

Sandiego Cleaning Services
Firm/Company

1155 Nicki Ridge Ct.
Address

Kissimmee FL 34747
City/State and Zip Code

sasanchez13@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sandra Sanchez at (407) 288-0960
Name of Person Area Code Daytime Telephone Number

FILED
2015 FEB - 6 PM 3:48
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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> |
|--------------|-----------------------------|---|--|
| MGR | Sandra Sanchez Dingo-Grillo | 1155 Nicki Ridge Ct Kissimmee FL 34747 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |

RECEIVED
 2015 FEB 6 3:48 PM
 CLERK OF SUPERIOR COURT
 JUDGE JAMES H. HANCOCK
 1000 UNIVERSITY BLVD
 TALLAHASSEE FLORIDA 32310

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

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 1/29/15, _____



Signature of a member or authorized representative of a member

Sandra Sanchez Diago-Grillo

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2015 FEB - 6 PM 3:48
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED