

K20000224091

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

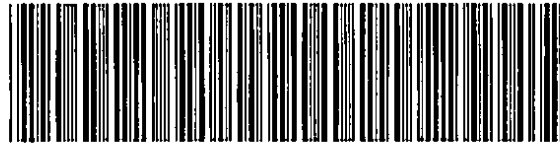
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL

45
9/12/21

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FIRST ACT CLEANING, LLC.

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:

MONICA NUNES

Name of Person

FIRST ACT CLEANING, LLC.

Firm/Company

1619 RED CEDAR DRAPT 18

Address

FORT MYERS, FL33907US

City/State and Zip Code

piresfatima@earthlink.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MONICA NUNES

305 8901586

at ()

Name of Person

Area Code

Daytime Telephone Number

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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TALLAHASSEE, FL

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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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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<u>AMBR</u>	<u>MONICA DE ELIZEU NUNES</u>	<u>1619 Red Cedar</u>	☐ Add
		<u>Dr Apt 18 Fort</u>	☐ Remove
		<u>Myer, FL 33907</u>	☒ Change

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

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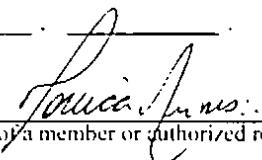
SECRETARY OF STATE

TALLAHASSEE FL

E. Effective date, if other than the date of filing: 04/12/2021 (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 08/26/21


Signature of a member or authorized representative of a member

Monica DE ELIZABETH NUNEZ
Typed or printed name of signer