K26000224091

(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

500372476605

08/30/21--01010--024 **25.00

FILED
2021 AUG 30 PM 3:21
SECRETARY OF STATE
TALLAHASSEE, FL

US
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)

FILED
2021 AUG 30 PM 3:21
SECRETARY OF STATE
TALLAHASSEE, FL

For further information concerning this matter, please call:

MONICA NUNES at (305) 8901586
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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FIRST ACT CLEANING, LLC.

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

The Articles of Organization for this Limited Liability Company were filed on 07/28/2020 and assigned Florida document number L20000224091.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

FIRST ACT SERVICES, LLC.

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

1619 RED CEDAR DR APT 18

FORT MYERS, FL 33907

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

PIRESFATIMA@EARTHLINK.NET

FILED
2021 AUG 30 PM 3:21
SECRETARY OF STATE
TALLAHASSEE, FL

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: MARIA PIRES

New Registered Office Address: 4018 CHERRYBROOK LOOP
Enter Florida street address

FORT MYRS, **Florida** 33966
City *Zip 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.

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

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

FILED
2021 AUG 30 PM 3:21
SECRETARY OF STATE
TALLAHASSEE, FL

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

FILED
2021 AUG 30 PM 3:21
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 Elizpu Nunes

Typed or printed name of signee

Filing Fee: $25.00