

L20000253075

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

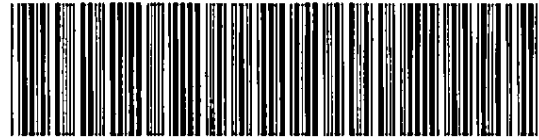
(Document Number)

Certified Copies _____ Certificates of Status

Special Instructions to Filing Officer:

REC-00

Office Use Only



500373179355

09/20/21--01032--012 **53.00

2021 OCT 12 PM 2:42

3D

CLIS
Annand
Klanuechg

OCT 14 2021
ALBRITTON

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: Classic Professional Cleaning Services, 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:

Felicia Williams
Name of Person

Classic Professional Cleaning Service, LLC
Firm/Company

(Mailing)

P.O. Box 2263
Address

Riverview, FL 33568
City/State and Zip Code

trulybe37@gmail.com
E-mail address: (to be used for future annual report notification)

(physical)
7716 Rock Palm
Ave #101
Tampa, FL. ~~33610~~
33615

For further information concerning this matter, please call:

Felicia Williams at (813) 446-2414
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 30, 2021

FELICIA L. WILLIAMS
P.O. BOX 2263
RIVERVIEW, FL 33568

SUBJECT: CLASSIC PROFESSIONAL CLEANING SERVICE,LLC
Ref. Number: L20000253075

We have received your document for CLASSIC PROFESSIONAL CLEANING SERVICE,LLC and your check(s) totaling \$53.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Limited Partnership, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist III

Letter Number: 321A00023738

Name change to LLC

10/9/21 I have corrected the forms as you requested I filed out int cn. Please see next pages stapled together. I am changing the name of my ~~company~~ LLC

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

Classic Professional Cleaning Service, 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 August 18, 2020 and assigned Florida document number L20000253075

This amendment is submitted to amend the following:

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

Classic Professional Services, LLC

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

7716 Rock Palm Ave 101
Tampa, FL 33615

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. Box 2263
Riverview, FL 33568

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: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida _____

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


<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Keilcia Gardner	P.O. Box 2263 Riverview, FL 33568	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Change
AMBR	Cornelius Lee	9802 Blue Palm Way Tampa, FL 33610	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

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)
(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 October 8th 2021



Signature of a member or authorized representative of a member

Delicia Williams

Typed or printed name of signee