

L190000 72433

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

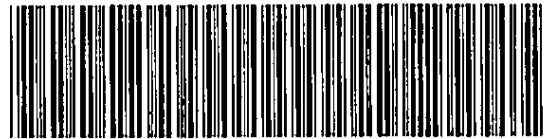
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000338998810

01/13/20--01026--019 **55.00

FILED
2020 JAN 13 PM 12:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CC
Niamch

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LUXELLE CLEANING & HOME 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:

SHINEL MCINTOSH- MEADOWS

Name of Person

LUXELLE CLEANING & HOME SERVICE LLC

Firm/Company

3901 NW 79TH AVE SUITE 245 #319

Address

MIAMI, FLORIDA 33166

City/State and Zip Code

SHINEL2291@YAHOO.COM

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

For further information concerning this matter, please call:

SHINEL MCINTOSH- MEADOWS 239 2018108
at ()
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

LUXELLE CLEANING & HOME SERVICES LLC

The Articles of Organization for this Limited Liability Company were filed on MARCH 14, 2019 and assigned Florida document number L19000072433

SHAELUXELLE COLLECTIONS LLC

N/A

N/A

N/A

N/A

Florida

('jny'

Zip Code

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

[illegible]

[illegible]

(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)

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.

S. McIntosh Meadows
Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00