

#L040000/1980

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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FILED
12 DEC -3 AM 11:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
DEC -7 2012



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 5, 2012

LEE COUNTY PRESSURE CLEANING LLC
LINDA E GELARDI
17428 HOMEWOOD RD.
FORT MYERS, FL 33967

SUBJECT: LEE COUNTY PRESSURE CLEANING LLC
Ref. Number: L04000011980

We have received your document for LEE COUNTY PRESSURE CLEANING LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Karen A Saly
Regulatory Specialist II

Letter Number: 212A00028878

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LEE COUNTY PRESSURE CLEANING LL.

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:

LINDA E GELARDI

Name of Person

LEE COUNTY PRESSURE CLEANING LLC

Firm/Company

17428 HOMEWOOD RD.

Address

FORT MYERS FL.33967

City/State and Zip Code

gelardi5@aol.com

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

For further information concerning this matter, please call:

jim gelardi

Name of Person

at (239)

851-2411

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

LEE COUNTY PRESSURE CLEANING LLC.

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

FILED
12 DEC -3 AM 11:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 1-30-04 and assigned
Florida document number ~~L0400001190~~ #L04000011980

This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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: LINDA E GELARDI

New Registered Office Address: 17428 HOMEWOOD RD

Enter Florida street address

FORT MYERS

Florida

33967

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 608, 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.

X Linda Gelardi
If Changing Registered Agent, Signature of New Registered Agent

- If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-----------------|---|--|
| MGRM | JIM GELARDI | 17428 HOMEWOOD RD. FORT MYERS FL 33967 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| MGRM | LINDA E GELARDI | 17428 HOMEWOOD RD. FORT MYERS FL 33967 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| MGR | JIM GELARDI | 17428 HOMEWOOD RD. FORT MYERS FL 33967 | <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 |

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

Dated _____

see attached

Signature of a member or authorized representative of a member

LINDA E GELARDI

Typed or printed name of signee

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

Dated _____, _____



Signature of a member or authorized representative of a member

Linda E Gelardi

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00