

✓
L06000003318

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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2013 DEC 19 PM 2:44
TALLAHASSEE, FL 32301

B. BOSTICK

DEC 20 2013

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LTD'S QUALITY CLEANING SERVICE L.L.C.
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:

LORRAINE RAMIREZ
Name of Person

LTD'S QUALITY CLEANING SERVICE L.L.C.
Firm/Company

503 TVEY LN.
Address

TARPON SPRINGS, FL. 34689
City/State and Zip Code

LORRAINEANDDOM@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LORRAINE RAMIREZ at (727) 410-5309
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RECEIVED
TALLAHASSEE, FL
DEC 19 2019

2019 DEC 19 PM 2:44

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

L+D's QUALITY 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 JANUARY 10, 2006 and assigned Florida document number LO6000003318

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:

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 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.

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	PAUP, DOREEN	503 IVEY LN. TARPON SPRINGS, FL.	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	INGLESE, PHILLIPS	10854 WILD COTTON CT. LAND O LAKES, FL. 34638	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	EDWARD ZMUDA	3482 Kings Rd. Apt. 101 PALM HARBOR, FL. 34685	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	RON JOHNSON	11641 ROCKS LA. PORT RICHEY, FL. 34668	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	JOHN YANDO	3518 BIGELOW DR. HOLIDAY, FL. 34691	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	AMERA YANDO	3518 BIGELOW DR. HOLIDAY, FL. 34691	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

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:

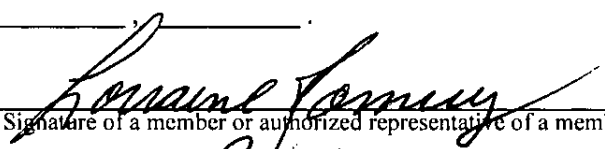
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Kathy Thomson	7234 PARROT DR. PORT RICHEY, FL. 34668	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	JEROME Kirkland	108 NORTH JEFFERSON ST. CLEARWATER, FL 33765	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	CHRISTIAN HANSON	661 FAIRWOOD AVE #335 CLEARWATER, FL. 33759	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Billy Moore	9331 CRABTREE LA. PORT RICHEY, FL. 34668	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Bobby Einsig	11432 MUSSEL DR PORT RICHEY, FL. 34668	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	KEITH HARRIS	102 COOLIDGE AVE AMITY HARBOR, N.Y. 11701	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

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

LORRAINE RAMIREZ
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2019 DEC 19 PM 2:44
TALAHASSEE, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 6, 2013

LORRAINE RAMIREZ
503 IVEY LANE
TARPON SPRINGS, FL 34689

SUBJECT: L & D'S QUALITY CLEANING SERVICE, LLC
Ref. Number: L06000003318

2013 DEC 19 PM 2:15
TALLAHASSEE, FL 32301

We have received your document for L & D'S QUALITY CLEANING SERVICE, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The attached form must be completed in order to file the document.

Missing pages 1 of 3 and 3 of 3.

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) 245-6051.

Barbara Bostick
Regulatory Specialist II

Letter Number: 113A00027886