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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

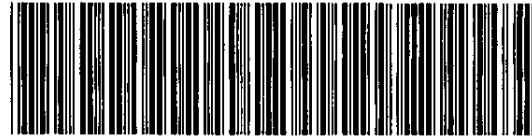
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL 32301

B. BOSTICK

NOV 21 2013

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **Krinkle Window And Pool 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:

David Beal

Name of Person

Krinkle Window And Pool Cleaning LLC

Firm/Company

649 Grand Rapids Blvd

Address

Naples Florida 34120

City/State and Zip Code

krinklewindowcleaning@comcast.net

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

For further information concerning this matter, please call:

David Beal

Name of Person

at **239 269-1053**

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

2013 NOV 20 PM 4:10
TALLAHASSEE, FL 32301

Krinkle Window And Pool Cleaning LLC

(A Florida Limited Liability Company)

Krinkle Window Cleaning LLC

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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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 FALL ARREST

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

Dated November 18, 2013

David Beal
Signature of a member or authorized representative of a member

David Beal

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2013 NOV 20 PM 4:10
COUNTY CLERK
TALLAHASSEE, FLORIDA