

W09000011761

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

T. CLINE
JAN 13 2010
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LINDA HOUSEKEEPING 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:

Linda Z. Leal

Name of Person

LINDA HOUSEKEEPING SERVICES LLC

Firm/Company

P.O. Box 16312

Address

Jacksonville, FL 32245

City/State and Zip Code

lindazulieth@hotmail.com

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Linda Z. Leal

Name of Person

at (904)

401-8436

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 5, 2010

LINDA LEAL
P.O. BOX 16312
JACKSONVILLE, FL 32245

SUBJECT: LINDA HOUSEKEEPING SERVICES LLC
Ref. Number: L09000011761

We have received your document for LINDA HOUSEKEEPING SERVICES LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$30.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

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) 245-6020.

Tammi Cline
Regulatory Specialist II

Letter Number: 310A00000168

2010 JAN 12 PM 12:39

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 17, 2009

LINDA Z LEAL
PO BOX 16312
JACKSONVILLE, FL 32245

SUBJECT: L&G SOLUTIONS, LLC
Ref. Number: W09000054706

We have received your document for L&G SOLUTIONS, 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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

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) 245-6851.

Gina McLeod
Regulatory Specialist II

Letter Number: 609A00038413

2010 JAN 12 PM 12:39

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LINDA HOUSEKEEPING 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:

LINDA Z. LEAL

Name of Person

LINDA HOUSEKEEPING SERVICES LLC

Firm/Company

P.O. Box 16312

Address

Jacksonville, FL 32245

City/State and Zip Code

lindazulieth@hotmail.com

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Linda Z. Leal

Name of Person

at (904)

401-8436

Area Code & Daytime Telephone Number

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Certificate of Status

☐ \$55.00 Filing Fee &
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(additional copy is enclosed)

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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**

LINDA HOUSEKEEPING SERVICES 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 February 05, 2009 and assigned
Florida document number L09000011761.

This amendment is submitted to amend the following:

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

LZ&G SOLUTIONS 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)

4460 Hodges Blvd. Suite #1002

Jacksonville, FL 32224

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. Box 16312

Jacksonville, FL 32245

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:

N/A

New Registered Office Address:

N/A

Enter Florida street address

N/A

Florida

N/A

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

Title	Name	Address	Type of Action
N/A	N/A		<input type="checkbox"/> Add <input type="checkbox"/> Remove
N/A	N/A		<input type="checkbox"/> Add <input type="checkbox"/> Remove
N/A	N/A		<input type="checkbox"/> Add <input type="checkbox"/> Remove
N/A	N/A		<input type="checkbox"/> Add <input type="checkbox"/> Remove
N/A	N/A		<input type="checkbox"/> Add <input type="checkbox"/> Remove
N/A	N/A		<input type="checkbox"/> Add <input type="checkbox"/> Remove

2009 JAN 12 P 12:39
TALLAHASSEE, FLORIDA
FILED
CLERK OF COURT

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

N/A
N/A
N/A
N/A
N/A

Dated January 1, 2009

Linda Z. Leal

Signature of a member or authorized representative of a member

LINDA Z. LEAL

Typed or printed name of signee