

LD9 000100221

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

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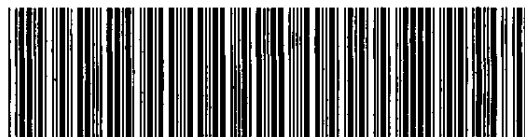
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JAN 25 2010

EXAMINER



100166353681

01/22/10--01010--013 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
10 JAN 22 PM 1:39

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Kacie's Kleaning, 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:

Kevin J. Moia

Name of Person

Firm/Company

705 Puesta Del Sol Plaza

Address

Indialantic, FL 32903

City/State and Zip Code

kmoia6@yahoo.com

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

For further information concerning this matter, please call:

Kevin J. Moia

Name of Person

at (321)

693-4084

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

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
10 JAN 22 PM 1:32

Kacie's Kleaning, 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 10/16/09 and assigned
Florida document number L09000100221.

This amendment is submitted to amend the following:

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

Kevin's Kleaning, 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)

705 Puesta Del Sol Plaza

Indialantic, FL 32903

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

705 Puesta Del Sol Plaza

Indialantic, FL 32903

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:

Kevin J. Moia

New Registered Office Address:

705 Puesta Del Sol Plaza

Enter Florida street address

Indialantic

Florida

32903

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>
MGR	Kacie M. Moia	50 Berkeley Street B-224 Satellite Beach, FL 32937	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Kevin J. Moia	705 Puesta Del Sol Plaza Indialantic, FL 32903	<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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated January 1, 2010



Signature of a member or authorized representative of a member

Kacie M. Moia

Typed or printed name of signee