

L11000034882

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

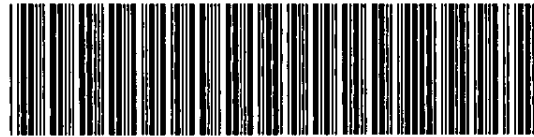
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

CORRECTION TO NAME PER
CONVERSATION WITH
DAVID IBARRA 3/30/2017
KS

Office Use Only



000296028440

02/27/17--01037--024 **60.00

FILED
2017 MAR 27 AM 11:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY

MAR 30 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 1, 2017

SMART CHOICE PRESSURE CLEANING, LLC
DAVID IBARRA
2100 SW 154TH AVE.
DAVIE, FL 33326

SUBJECT: SMART CHOICE PRESSURE CLEANING, LLC
Ref. Number: L11000034882

We have received your document for SMART CHOICE PRESSURE CLEANING, LLC and your check(s) totaling \$60.00. 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.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L09000003339 "SMART CHOICE CLEANING SERVICES, LLC".

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.

Karen A Saly
Regulatory Specialist II

Letter Number: 517A00003959

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Smart Choice Pressure 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 Ibarra
Name of Person

Smart Choice Pressure Cleaning
Firm/Company

2100 SW 154th Ave.
Address

Daivie, FL 33326
City/State and Zip Code

david@smartchoicelco.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David Ibarra at (954) 272-8506
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input 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 checked="" 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

165
RECEIVED
2017 MAR 27 PM 2:16
Smart Choice Pressure Cleaning, LLC.
(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 3/23/11 and assigned
Florida document number L11000034882.

This amendment is submitted to amend the following:

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

Smart Choice Cleaning Company, LLC
The new name must be distinguishable and contain 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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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TALLAHASSEE, FLORIDA

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

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TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)


Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated

3/22/17



Signature of a member or authorized representative of a member

David Ibarra

Typed or printed name of signee