

LI 000067726

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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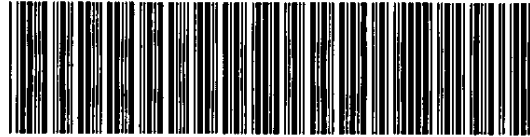
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 13 2015
T. HAMPTON

657

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: KLEEN TEEM CLEANING & CONSTRUCTION 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:

DEAN STAVRAKAS

Name of Person

KLEEN TEEM CLEANING & CONSTRUCTION SERVICES,

Firm/Company

100 N. FEDERAL HWY, #524

Address

FT. LAUDERDALE, FL 33301

City/State and Zip Code

DEAN@KLEENTEEM.COM

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

For further information concerning this matter, please call:

DEAN STAVRAKAS

Name of Person

312 656-0099

at ()

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 22, 2015

DEAN STAVRAKAS
100 N FEDERAL HWY #524
FT LAUDERDALE, FL 33301

SUBJECT: KLEEN TEEM CLEANING & CONSTRUCTION SERVICES, LLC
Ref. Number: L11000067720

RECEIVED
15 APR 13 AM 10:00
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

We have received your document for KLEEN TEEM CLEANING & CONSTRUCTION SERVICES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

Please return the corrected original and one copy of 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.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 215A00001292

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

Kleen Teem Cleaning & Construction 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 10/9/12

Florida document number L11000067720

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

City, Florida 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

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TALLAHASSEE, FLORIDA

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
MGR	Symeon Stavrakas	4001 W. Devon Ave.	<input type="checkbox"/> Add
		Ste. 410	<input checked="" type="checkbox"/> Remove
		Chicago, IL 60646	
AMBR	Symeon Stavrakas	4001 W. Devon Ave.	<input type="checkbox"/> Add
		Ste. 410	<input checked="" type="checkbox"/> Remove
		Chicago, IL 60646	
MGR	George D. Stavrakas	4001 W. Devon Ave.	<input checked="" type="checkbox"/> Add
		Ste. 410	<input type="checkbox"/> Remove
		Chicago, IL 60646	
AMBR	George D. Stavrakas	4001 W. Devon Ave.	<input checked="" type="checkbox"/> Add
		Ste. 410	<input type="checkbox"/> Remove
		Chicago, IL 60646	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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TALLAHASSEE FLORIDA

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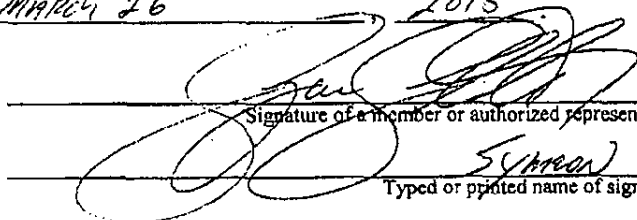
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated MARCH 26

2015



Signature of a member or authorized representative of a member

SYREETA STAVRAKIAS

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA