

L11000108859

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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11 OCT -7 AM 8:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*W*  
J. BRYAN

OCT 10 2011

EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 27, 2011

MARIA V. BUSTAMANTE  
MVB ACCOUNTING & TAX SERVICE  
5760 SHERIDAN STREET, STE. 102  
HOLLYWOOD, FL 33021

SUBJECT: CLINING MANAGEMENT LLC  
Ref. Number: L11000108859

FILED  
OCT - 7 AM 10:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for CLINING MANAGEMENT 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 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](http://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.

The document number of the name conflict is #P10000045044, CLEANING MANAGEMENT, INC..

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) 245-6043.

Joey Bryan  
Regulatory Specialist II

Letter Number: 311A00022230

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: REQUEST FOR CHANGE THE LLC NAME

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Articles of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARIA V. BUSTAMANTE

Name of Person

MVB ACCOUNTING & TAX SERVICE

Firm/Company

5760 SHERIDAN STREET, STE. 102

Address

HOLLYWOOD, FL 33021

City/State and Zip Code

m.victoria@mvmacctax.com

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

For further information concerning this matter, please call:

Maria V. Bustamante

Name of Person

at ( 954 )

589-1165

Area Code & Daytime Telephone Number

### STREET/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

### MAILING ADDRESS:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &  
Certificate of Status

☐ \$55 Filing Fee &  
Certified Copy

☐ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy

CR2E062 (08/05)

FILED  
OCT - 7 AM 8:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED  
OCT - 7 AM 8:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Cleaning Management Company, 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 09-22-2011 and assigned  
Florida document number L11000108859

This amendment is submitted to amend the following:

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

CLEANING MANAGEMENT SERVICES, 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:

Maria V. Bustamante

New Registered Office Address:

5760 Sheridan Street, STE. 102

*Enter Florida street address*

Hollywood

*City*

Florida

33021

*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.*

Maria V. Bustamante

*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
		_____	
_____	_____	_____	<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.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FILED  
OCT - 7 AM 8:28  
SECRETARY OF STATE  
ALLAHUSSEIN FLORIDA

Dated 9/29/2011

Reynaldo Guimet  
Signature of a member or authorized representative of a member  
Reynaldo Guimet  
Typed or printed name of signee