

L12000046741

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Document Number)

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EXA 4 CR

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **SPIC AND SPAN POWER WASHING 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:

Adolfo R Diaz Sr.

Name of Person

SPIC AND SPAN POWER WASHING LLC

Firm/Company

417

421 Monterey Ave

Address

Cape Coral Florida 33904

City/State and Zip Code

aldiaz1952@gmail.com

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

For further information concerning this matter, please call:

Adolfo R Diaz Sr

Name of Person

239 898.8025

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

RECEIVED
TALLAHASSEE
JAN 21 2014

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

SPIC AND SPAN POWER WASHING 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 04/05/2012 and assigned
Florida document number L12000046741.

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)

417

421 Monterey Ave

Cape Coral Florida 33904

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

417

421 Monterey Ave

Cape Coral Florida 33904

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:

Adolfo R Diaz Sr.

New Registered Office Address:

417
421 Monterey Ave

Enter Florida street address

Cape Coral

, Florida 33904

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 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

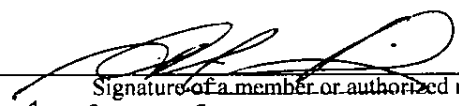
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Adolfo R Diaz Sr	417 421 Monterey Ave	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
mgrm	Adolfo R Diaz	121 SE 44th Terrace Cape Coral Florida 33904	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
mgr	Jacqueline Diaz	121 SE 44th Terrace Cape Coral Florida 33904	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
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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)
(If an effective date is listed, the date must be specific and cannot be more than 90 days after filing.) (605.0207 (3)(b))

Dated 12-28-13, _____.



Signature of a member or authorized representative of a member
Adolfo R. Diaz Sr.

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2014 JAN 21 PM 3:55
TALLAHASSEE, FL 32309