

L17 000628902

(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Classy Cousins Cleaning
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:

John Oblaczynski
Name of Person
Classy Cousins Cleaning
Firm/Company
443 Cedar Avenue
Address
P.B. 6 / FL. 33410
City/State and Zip Code
oblaczynski@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John Obla at (561) 906-9427
Name of Person 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**

Classy Cousins Cleaning

(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 _____ and assigned Florida document number _____.

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)

4143 Cedar Avenue
Palm Beach Gardens FL 33410
Jamie Oblaczynski

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

John Oblaczynski
4143 Cedar Avenue
Palm Beach Gardens FL 33410

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:

John Oblaczynski

New Registered Office Address:

4143 Cedar Avenue

Enter Florida street address

P.B.G.

Florida

City

14 OCT 2011
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TALLAHASSEE, FLORIDA
3:15 PM

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.

John Oblaczynski
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>
AMBR	John Oblaczynski	4143 Cedar Ave. PBG. FL 33410	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
AMBR	Jamie Oblaczynski	4143 Cedar Ave PBG. FL 33410	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
AMBR	Kyrstina Williams	1727 Water Rock Dr. Orlando FL 32717	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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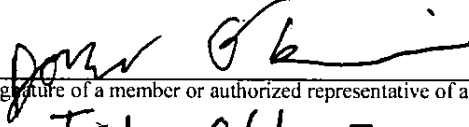
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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 September 29th, 2014



Signature of a member or authorized representative of a member

John Obkuczynski

Typed or printed name of signer

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Filing Fee: \$25.00

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