

L17000150335

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

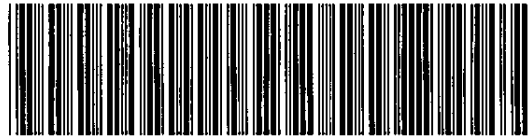
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
FEB 11 2014
FALLS CHURCH, VA
22034

4.81vers JAN 30 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **Cleaning 4 Health 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:

Mizoide Marin

Name of Person

Cleaning 4 Health LLC

Firm/Company

8934 nw 189th Terrace

Address

Hialeah FL 33018

City/State and Zip Code

cfhcoverall@gmail.com

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

For further information concerning this matter, please call:

Mizoide Marin

Name of Person

786 387-2796

at () Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input 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

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>
MGRM	Oliva, Mizoide	8934 nw 189 th Terrace	<input type="checkbox"/> Add
		Hialeah FL 33018	<input checked="" type="checkbox"/> Remove
MGRM	Marin, Mizoide	8934 nw 18th Terrace Hialeah FL 33018	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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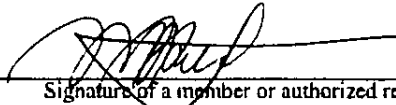
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

n/a

E. Effective date, if other than the date of filing: n/a (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 January 23 rd, 2014



Signature of a member or authorized representative of a member

Mizoide Marin

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

16 JAN 23 PM 10:59
TALLAHASSEE, FL 32399-0000