L14000116469

09/1[illegible] 2:26 [illegible] KIJOENNA PAGE 03/07

9/10/2014 Division of Corporations

# Florida Department of State

## Division of Corporations

## Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : KRISJOENNA SERVICES, INC.
Account Number : I20080000033
Phone : (305) 644-3055
Fax Number : (305) 644-3052

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

**Email Address:** _____

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

## KLEEN-MASTERS LLC

| | |
|---|---|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | $25.00 |

SEP 18 2014

A. LUNT

September 11, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

KLEEN-MASTERS LLC
2888 WEST 75 ST
HIALEAH, FL 33018

SUBJECT: KLEEN-MASTERS LLC
REF: L14000116469

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document is illegible and not acceptable for imaging.

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) 245-6051.

Agnes Lunt
Regulatory Specialist II

FAX Aud. #: H14000212700
Letter Number: 114A00019479

2014 SEP 17 PM 12:00
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RECEIVED
14 SEP 17 PM 1:29
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

# COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KLEEN-MASTERS 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:

ENNA DIEPPA
Name of Person

KRISJOENNA SERVICES INC
Firm/Company

2141 SW 1ST ST STE 110
Address

MIAMI, FL 33135
City/State and Zip Code

KRISJOENNA@YAHOO.COM
E-mail address: (to be used for future annual report notification)

2014 SEP 17 PM 12:00

For further information concerning this matter, please call:

ENNA DIEPPA at (305) 6443055
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

KLEEN-MASTERS 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 _____ 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)***

_____
_____
_____

**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*

_____, Florida _____
*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**

| Title | Name | Address | Type of Action |
|---|---|---|---|
| [redacted] | CABALLERO, JOSE, MR | 110 GRAND PALMS DRIVE<br>PEMBROKE PINES, FL 33027 | ☐ Add<br>☒ Remove |
| [redacted] | GARCIA IFRAIN | 2888 W 75 ST<br>HIALEAH, FL 33018 | ☒ Add<br>☐ Remove |
| MGR | BARRIOS, IFRAIN G, MR | 2888 W 75 ST<br>HIALEAH, FL 33018 | ☐ Add<br>☒ Remove |
| MGR | GARCIA IFRAIN | 2888 W 75 ST<br>HIALEAH, FL 33018 | ☒ Add<br>☐ Remove |
| | | | ☐ Add<br>☐ Remove |
| | | | ☐ Add<br>☐ 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)**
*(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 9, 2014

Ifrain Barrios
Signature of a member or authorized representative of a member

Ifrain Barrios
Typed or printed name of signee

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2014 SEP 17 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



**Filing Fee: $25.00**