

214000126108

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

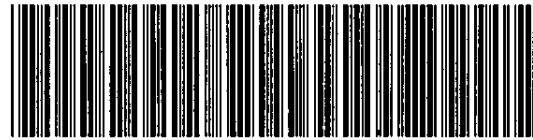
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200263755742

09/19/14--01010--007 **60.00

FILED
14 OCT 13 AM 7:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

627



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 23, 2014

LUCIANO DELAROSA
406 NE 17TH AVE
CAPE CORAL, FL 33909

SUBJECT: OLYMPIA STEEMER CARPET CLEANERS LLC
Ref. Number: L14000126108

We have received your document for OLYMPIA STEEMER CARPET CLEANERS LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return the corrected original and one copy of 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.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 914A00020358

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Olympia Steamer Carpet Cleaners, 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:

Luciano DelaRosa
Name of Person

Olympia Steamer Carpet Cleaners, LLC
Firm/Company

406 NE 17th Ave
Address

Cape Coral, FL, 33909
City/State and Zip Code

olympiasteamercarpetcleaners@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Luciano DelaRosa at (239) 603-9298
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

JUSTIN

OLYMPIA STEEMER CARPET CLEANERS, 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 08/17/2014 and assigned
Florida document number L14000126108.

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:

Pedro De La Rosa

New Registered Office Address:

406 NE 17th Ave

Enter Florida street address

Cape Coral

City

Florida

SECRETARY OF STATE
DIVISION OF CORPORATIONS
1000 BANKERS BUILDING
TALLAHASSEE, FLORIDA 32399-0001
4 OCT 13 AM 7:29
33909

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.

Pedro De La Rosa

If Changing Registered Agent, Signature of New Registered Agent

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	Rafaela Ferreira	2354 BURTON AVE	<input type="checkbox"/> Add
		FT MYER'S FL 33907	<input checked="" type="checkbox"/> Remove
		2354 BURTON AVE	
VP	Domingo Ferreira	FT MYER'S FL 33907	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
		406 NE 17 TH AVE	
MGR	Diana Pena	CAPE CORAL FL 33909	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
AMBR	Pedro DelaRosa	406 NE 17 TH AVE	<input checked="" type="checkbox"/> Add
		CAPE CORAL FL 33909	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

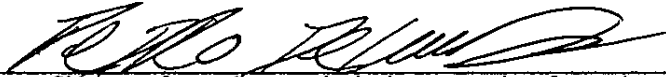
RECEIVED
14 OCT 13 AM 7:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

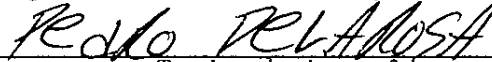
E. Effective date, if other than the date of filing: _____ (optional)

(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 _____, _____.



Signature of a member or authorized representative of a member



Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
14 OCT 13 AM 7:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA