## 44000185156

(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phon	e #)
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ALLAMASSEC FL

-CT 1.1 2019

## **COVER LETTER**

SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Jose Ureña		
		Name of Person	<del></del>
	Impeccable Cleaning Enter	rprises LLC	
		Firm/Company	
	1629 Andalusia Blvd		
		Address	
	Cape Coral, Florida 33909		
	info@impeccablecleaningfl	City/State and Zip Code .com	
	E-mail address: (	to be used for future annual report noti	fication)
For further information	concerning this matter, please ca	all:	
Justin Ureña		347 749-9579 at ( )	
Name	of Person	Area Code Daytim	e 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)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclose

MAILING ADDRESS:

Registration Section
Division of Corporations

TO:

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

## TO ARTICLES OF ORGANIZATION OF

Impeccable Cleaning Enterprises I	LLC		
(Name of the Lim	ited Liability Compa	any as it now appears on our records.) Liability Company)	
	(A riolida Ellillica	Claumity Company)	
The Articles of Organization for this Limited I	Liability Company	were filed on 12/03/2014	an
	chaomicy company	were med on	<del></del>
Florida document number L14000185156	<del></del> .		
This amendment is submitted to amend the fol	llowing:		
A. If amending name, enter the new name of	of the limited liek	sility campany here:	
t. If amending name, enter the new name	or the miniculation	mity company nere.	
· · · · · · · · · · · · · · · · · · ·			
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC" o	r the abbreviation
Inter new principal offices address, if applicable:  Principal office address MUST BE A STREET ADDRESS)		1629 Andalusia Blvd.	
		Cape Coral, Florida 33909	
			<u> </u>
			<u>.</u>
Enter new mailing address, if applicable:		1629 Andalusia Blvd.	3
		Cape Coral, Florida 33909	<u></u>
<u>Mailing address MAY BE A POST OFFICE</u>	<u>: BOX)</u>		
3. If amending the registered agent and	i/or registered o	ffice address on our records,	enter the na
egistered agent and/or the new registered of	office address her	<u>'e</u> :	
Nome of New Projectored Aponts			
Name of New Registered Agent:			
New Registered Office Address:	1629 Andalusia	a Blvd.	ļ
		Enter Florida street address	i
	Cape Coral	F1 -	33909
		, Flori	ida 33909
		•	Eup (
New Registered Agent's Signature, if changing	Registered Agent:		
hereby accept the appointment as register	ed avent and avr	ee to act in this capacity. I furth	ier agree to i
provisions of all statutes relative to the proj			
eccept the obligations of my position as reg			
eing filed to merely reflect a change in the			
company has been notified in writing of this	s change.		
			1
			Į.

If Changing Registered Agent, Signature of New Registered A

<u>Title</u>	<u>Name</u>	Address	Ţ
AMBR	Jose Ureña		
		221 NE 10th Ave Cape Coral, FL 33909	
			1
AMBR	Justin Ureña	36-19 165th St Flushing, NY 11358	i
			c
<del> </del>			

or removed from our records:

Effective date, if other than the date of filing:  (aptional)  (an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursua Notes:  (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not document's effective date on the Department of State's records.  (Be record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the The 90th day after the record is filed.  (September 24  2019  Signiture of a member of authorized representative of a member Jose Ureña  Typed or printed name of signee	<del></del>			<del> </del>	<u> </u>
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Jose Ureña	ed September 24	2019	<u></u>		
Jose Ureña	<u> </u>	Signature of a member or au	thorized representative of a me	ember	
Lyped or printed name of signee	Jose Ureña				
I I		Typed or pri	nted name of signee		

Page 3 of 3

Filing Fee: \$25.00