

U566038977

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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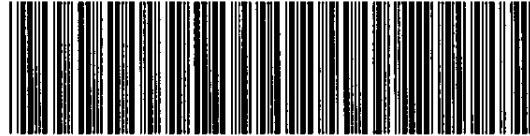
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUN 17 2015  
J. BRUCE



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 30, 2015

JOSE A ROSA  
8602 PINE CONE CT  
TAMPA, FL 33604

SUBJECT: FABULOUS CLEANING SERVICES & LANDSCAPING LLC  
Ref. Number: L15000038279

We have received your document for FABULOUS CLEANING SERVICES & LANDSCAPING LLC and your check(s) totaling \$25.00. 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 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.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 915A00006301

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TALLAHASSEE, FLORIDA

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: FABULOUS CLEANING SERVICES & LANDSCAPING 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:

**JOSE A ROSA**

Name of Person

**FABULOUS CLEANING SERVICES & LANDSCAPING LLC**

Firm/Company

**8602 PINE CONE CT**

Address

**TAMPA, FL 33604**

City/State and Zip Code

**joserosapr@gmail.com**

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

For further information concerning this matter, please call:

**JOSE A ROSA**

at (

**813**

**532-0890**

Area Code

Daytime Telephone Number

Name of Person

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

**FABULOUS CLEANING SERVICES & LANDSCAPING 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 02/26/2015 and assigned Florida document number L15000038279.

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 "LLC."

**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:

DOMINICA Zayas

8602 Pine Cone Ct

Enter Florida street address

Tampa

City

Florida

33604

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.*

DOMINICA Zayas  
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>
MGR	ZAYAS, XIOMARA	8602 PINE CONE CT	<input type="checkbox"/> Add
		TAMPA, FL 33604	<input checked="" type="checkbox"/> Remove
AMBR	JOSE A ROSA	8602 PINE CONE CT	<input type="checkbox"/> Add
		TAMPA, FL 33604	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

"" PLEASE ADD EIN# 47-3299494 ""

E. Effective date, if other than the date of filing: 06-10-2015 (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 June, 10, 2015.

José A. Rosa

Signature of a member or authorized representative of a member

José A. Rosa

Typed or printed name of signee

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Filing Fee: \$25.00

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