

L15000046099

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

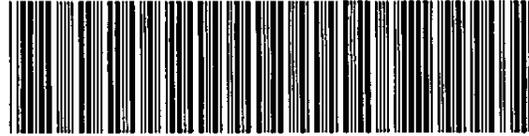
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2015 SEP -9 PM 4: 27

FILED

K. SALY  
EXAMINER  
SEP 14 2015



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
15 SEP -9 PM 2:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

August 20, 2015

IMACULATE EMPIRE CLEANING SERVICES LLC  
CHARNEY P PAYNE  
6428 LYNN RD.  
ORLANDO, FL 32810

SUBJECT: IMMACULATE EMPIRE CLEANING SERVICES LLC  
Ref. Number: L15000046099

We have received your document for IMMACULATE EMPIRE CLEANING SERVICES 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):

The document submitted is incomplete. Enclosed is the missing page. Please complete the hi-lited areas and return to our office.

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.

Karen A Saly  
Regulatory Specialist II

Letter Number: 315A00017631

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Immaculate Empire Cleaning Services 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:

Charney P Payne  
Name of Person

Immaculate Empire Cleaning Services LLC  
Firm/Company

6428 Lynn Rd  
Address

Orlando, FL. 32810  
City/State and Zip Code

hampt3@yahoo.com  
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Charney Payne at (407) 404-8559  
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

FILED  
2015 SEP -9 PM 4:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Immaculate Empire Cleanby Services  
(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 03/13/2015 and assigned Florida document number 215000046099.

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 contain 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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	Ebony Robinson	<del>6428</del> 6428 Lynn Rd	<input type="checkbox"/> Add
		Orlando, FL 32810	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Craig Bent	6428 Lynn Rd.	<input checked="" type="checkbox"/> Add
		Orlando, FL 32810	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	LaKisha McCallum	14 S. Ortman Dr. Apt. B	<input checked="" type="checkbox"/> Add
		Orlando, FL 32805	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Ariel Rangel	1695 Lee Rd Apt E114	<input checked="" type="checkbox"/> Add
		Winter Park, FL 32789	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2005 SEP - 9 PM 4: 29  
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 TALLAHASSEE, FLORIDA

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