

**\*L15000053603**

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(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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2015 JUN 29 PM 3:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
JUL -2 2015



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 17, 2015

SQUEEKY BUBBLES CLEANING SERVICES, LLC  
PERRY M PERLMAN  
812 S BROADWAY  
LANTANA, FL 33462

SUBJECT: SQUEEKY BUBBLES CLEANING SERVICES, LLC  
Ref. Number: L15000053603

RECEIVED  
15 JUN 29 PM 3:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for SQUEEKY BUBBLES 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 signature page. Please sign 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: 015A00012736

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SQUEEKY BUBBLES 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:

PERRY M. PERLMAN

Name of Person

SQUEEKY BUBBLES CLEANING SERVICES, LLC

Firm/Company

812 S. BROADWAY

Address

LANTANA, FLORIDA 33462

City/State and Zip Code

percad@aol.com

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

For further information concerning this matter, please call:

PERRY M. PERLMAN

561 628-0885  
at ( )  
Area Code Daytime Telephone Number

Name of Person

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**

SQUEEKY BUBBLES CLEANING SERVICES, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED  
2015 JUN 29 PM 3:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 3/25/2015 and assigned  
Florida document number L15000053603.

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:

JENNY MILAGROS KOO

New Registered Office Address:

812 S. BROADWAY

*Enter Florida street address*

LANTANA, FL.

Florida 33462

*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>
VP	PERRY M. PERLMAN	812 S. BROADWAY, LANTANA, <input checked="" type="checkbox"/>	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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2017 JUN 29 PM 3:53  
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TALLAHASSEE, FLORIDA

2015 JUN 22 MON  
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2015 JUN 26 PM 3:53  
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**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated

6/23/15 I separated from this company  
w/ early May, 2015

Signature of a member or authorized representative of a member

Signature of a member or authorized representative of a member

Ferry M. Perlman

Typed or printed name of signee