

L15 0000 59285

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

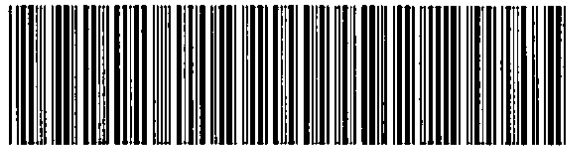
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Brian gave authorization
to separate name.
4/12/20 dec

and to change the titles

Office Use Only



700342155107

09/16/20--01017--020 **\$5.00

FILED
OFFICE OF THE
CLERK OF THE
COURT
JAN 16 2021
10:08 AM
CLERK OF THE
COURT

Amend / name change

APR 03 2020

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SO FLA 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:

BRIAN H. MCKEEVER

Name of Person

SO FLA CLEANERS

Firm/Company

9786 GLADES RD. B1

Address

BOCA RATON, FL. 33434

City/State and Zip Code

TENNIS BRIAN1@ICLOUD.COM

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

For further information concerning this matter, please call:

BRIAN H. MCKEEVER

Name of Person

at (917) 514-7739

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

SOFLACLEANERSLLC

(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 APRIL 3, 2015 and assigned Florida document number L 15000059285

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

So FLA Cleaners LLC

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)

BRIAN H. MCKEEVER
2207 PRESERVE DR.
DELRAY BEACH, FL. 3344

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:

BRIAN H. MCKEEVER

New Registered Office Address:

2207 PRESERVE DR.

Enter Florida street address

DELRAY BEACH

City

Florida

33445

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>
<u>MGR.</u>	<u>LARRY HERSOWITZ</u>	<u>4551 NW 26th PLACE</u>	<input type="checkbox"/> Add
		<u>BOCA RATON, FL. 33434</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGRM</u>	<u>BRIAN H. MCKEEVER</u>	<u>2207 PRESERVE DR.</u>	<input checked="" type="checkbox"/> Add
		<u>DELRAY BEACH, FL. 33445</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGRM</u>	<u>PAWAN MALAKHAN</u>		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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

(If 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.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated MARCH 13th, 2020

B. N. M. K.
Signature of a member or authorized representative of a member

Signature of a member or authorized representative of a member

BRIAN H. MCKEEVER

Typed or printed name of signee