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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUN 23 2015  
J. BRUCE

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: YOUR CLEANING LADY 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:

SMITH, FRANATA C

Name of Person

YOUR CLEANING LADY LLC

Firm/Company

6010 NE 6 TERR.

Address

FORT. LAUDERDALE, FL 33334

City/State and Zip Code

FRANATAYOURCLEANINGLADY@GMAIL.COM

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

For further information concerning this matter, please call:

SMITH, FRANATA C

754

551-4682

at ( )

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

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YOUR CLEANING LADY LLC

Page 1 of 3

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	SMITH, FRANATA C	6010 NE 6 TERR.	<input checked="" type="checkbox"/> Add
		FORT. LAUDERDALE, FL 33334	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SMITH, FREDERICK L, JR	6010 NE 6 TERR.	<input type="checkbox"/> Add
		FORT. LAUDERDALE, FL 33334	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	MILLS, Nanci L		<input type="checkbox"/> Add
			<input checked="" 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

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

דעם

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TALLAHASSEE, FLORIDA

**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

6/16/15

Signature of a member or authorized representative

SMITH, FRANATA C

Typed or printed name of signee