

L15000132120

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

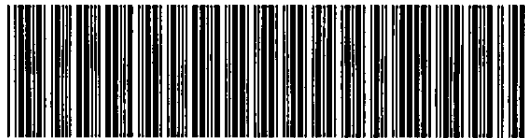
(Business Entity Name)

(Document Number)

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16 JAN -6 PM 12:03  
TALLAHASSEE, FLORIDA

JAN 07 2016

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January 4, 2016

Division of Corporations – Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Re: **Touch of Class Coastal Cleaning LLC**  
**Application for Name Change**

To Whom It May Concern:

Enclosed please find an **Application for Name Change** for our client, **Touch of Class Coastal Cleaning LLC**. Once the application has been processed, please forward evidence of approval to the mailing address on the application.

If there is any issue, or if you require any further information, please do not hesitate to contact me or my colleague, Robine Guillaume, at [rguillaume@licenselogix.com](mailto:rguillaume@licenselogix.com) or (800) 292-0909 x320.

Thank you,

**Disha Gandhi**  
LicenseLogix  
140 Grand Street, Suite 300  
White Plains, NY 10601  
[dgandhi@licenselogix.com](mailto:dgandhi@licenselogix.com)  
(800) 292-0909 ex. 328

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Touch of Class Coastal Cleaning 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:

Disha Gandhi

\_\_\_\_\_  
Name of Person

LicenseLogix

\_\_\_\_\_  
Firm/Company

140 Grand Street, Suite 300

\_\_\_\_\_  
Address

White Plains, NY 10601

\_\_\_\_\_  
City/State and Zip Code

bonnlesh@yahoo.com

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

For further information concerning this matter, please call:

Disha Gandhi

800 292-0909x328  
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

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

Touch of Class Coastal Cleaning 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 08/03/2015 and assigned  
Florida document number L15000132120.

This amendment is submitted to amend the following:

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

BFK Cleaning, 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)

**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>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
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_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

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FELIX K. S. L. F. L. O. R. A.

15 JAN -6 PM 12:03

**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: 12/28, 2015

Kunyel Marcell  
Signature of a member or authorized representative of a member.

Typed or printed name of signee