

L15000171750

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

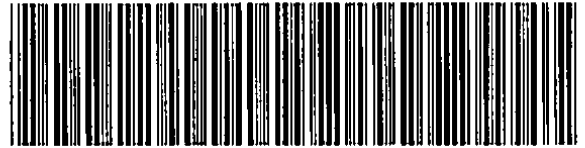
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000354601380

11/09/20--01031--001 **30.00

FILED
2021 JAN 19 PM 12:12
STATE
CLERK OF COURT
JAN 19 2021

O SIMMONS
JAN 27 2021



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 15, 2020

MICHAEL FALKNOR
4706 CHIQUITA BLVD S #200-417
CAPE CORAL, FL 33914

SUBJECT: MIKES HOME/OFFICE CLEANING, LLC
Ref. Number: L15000171750

We have received your document for MIKES HOME/OFFICE CLEANING, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the entity cannot include "CO." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6050.

Terri J Schroeder
Regulatory Specialist III

Letter Number: 520A00025317

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Mike's Home/Office 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:

Michael Falknor
Name of Person

Mike's Home/Office Cleaning
Firm/Company

1520 Flournoy Circle Apt. 5219
Address

Clearwater, FL 33764
City/State and Zip Code

michael.falknor@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Falknor at (727) 252-9975
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount: * I already have a \$30.00 check on file with you.

☐ \$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**

Miki's Home/Office Cleaning

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

2021 JAN 19 PM 12:12

The Articles of Organization for this Limited Liability Company were filed on 10/8/2015 and assigned Florida document number L15000171750.

This amendment is submitted to amend the following:

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

Local Cleaning Company 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)

1520 Flournoy Circle Apt. 5219
Clearwater, FL 33764

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1520 Flournoy Circle Apt. 5219
Clearwater, FL 33764

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:

Michael Falknor

New Registered Office Address:

1520 Flournoy Circle Apt. 5219

Enter Florida street address

Clearwater

City

Florida

33764

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

_____ ☐ Change

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

LED

2021 JAN 19 PM 12:12

RECEIVED
TALLAHASSEE, FL


E. Effective date, if other than the date of filing: 1/15/2021 (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)(

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 ~~1/15/21~~^(ur) January 15th 2021


Signature of a member or authorized representative of a member

Michael Falknor

Typed or printed name of signee