

L15 000 213730

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

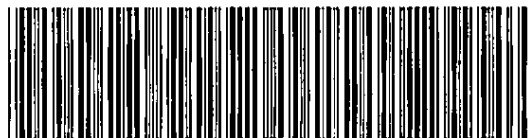
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SECRETARY OF STATE
TALLAHASSEE, FL 32311

COVER LETTER

**TO: Registration Section
Division of Corporations**

Cliff's Window Cleaning LLC

SUBJECT: _____
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:

Albert Adriani

Name of Person

Cliff's Window Cleaning LLCq

Firm/Company

4427 Kings Barn Ct, Unit 303

Address

Ft. Myers, FL 33916

City/State and Zip Code

elbowgrease.work@gmail.com

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

For further information concerning this matter, please call:

Albert Adriani

217 270-0717
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 &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

FILED

~~SECRETARY OF STATE~~
~~TALLAHASSEE, FLORIDA~~

Agent Carl
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>
MGR	Clifford K. Laux	12338 Woodrose Ct.	<input type="checkbox"/> Add
		Ft. Myers, FL 33907	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Albert Adriani	4427 Kings Barn Ct. Unit 303	<input checked="" type="checkbox"/> Add
		Ft. Myers, FL 33916	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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.

Dated October 18, 2021

Acht Acht..

Albert Adriani

Typed or printed name of signee