L14000013119

(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:





300282363933

02/19/16--01020--010 **30.00

16 FEB 19 PM 12: 46
SECRETANT OF STATE
AND ANASSEE EL CALE

FEB 2 2 2006 I. HARRIS

COVER LETTER

TO:	Registration Se Division of Cor	porations	•	A
SUBJE		arkle and Shine Cleaning Serv	ice LLC	
		Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please n	eturn all correspo	ndence concerning this matter	to the following:	
			Gabriella Nipper	
			Name of Person	
		Gabby's Sp	parkle and Shine Cleaning Service	œ LLC
			Firm/Company	·
	11810 Cypress Crest Circle			
			Address	
			Tampa, FL 33626	
			City/State and Zip Code	
		_ ,	yscleaningserviceff@gmail.com	
			to be used for future annual report r	iotification)
For furth	her information co	oncerning this matter, please ca	all:	,
		a Nipper	813 at ()	541-2387
	Name of	Person	Area Code Day	time Telephone Number
Enclose	d is a check for th	e 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

(Name of the Limited Liability		LC	
(A Flonda L	Company as it now appears or imited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Cor L16000013119	npany were filed on	01/19/2016	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	d liability company here:		
The new name must be distinguishable and contain the words "Limited	d Liability Company," the desig	nation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:	11810 Cypress Cres	st Circle, Tampa, FL.	336 2 6
Principal office address MUST BE A STREET ADDRE	SS)		
Enter new mailing address, if applicable:	11810 Cypress Cres	st Circle, Tampa, FL	33626
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or register registered agent and/or the new registered office address Name of New Registered Agent:	<u>ss here</u> :	ir records, <u>enter</u> a Nipper	the name of the ne
Name of New Registered Agent:	<u>S here:</u> Gabriell		the name of the ne
registered agent and/or the new registered office addres	<u>S here:</u> Gabriell	a Nipper	the name of the ne
Name of New Registered Agent:	Gabriell 11810 Cypres Enter Florida: Tampa	a Nipper	33626
Name of New Registered Agent:	Gabriell 11810 Cypres Enter Florida: Tampa City	a Nipper ss Crest Circle street address	

Page 1 of 3

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added</u> <u>or removed from our records:</u>

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Jason Nipper	10574 Windsor Lake Court	
		Tampa, FL 33626	
			■ Remove
			☐ Change
AMBR	Gabriella Nipper	11810 Cypress Crest Circle	
		Tampa, FL 33626	
		tampa, 112 33020	Remove
			Change
			
			□ Remove
			□ Change
	-		□ Add
			□ Remove
			Change
			ASS DEAdd
			Remove
			LI Remove
			Remove Remove Change
	-		
			Change

	3 1	nter change(s) here: (Attach additional	sneets, g necessary.,
	,		
<u> </u>			
-			
	<u></u>		
· 			
-			
	_		
		01/20/2016	
an effective lote: If the ocument's o	date inserted in this block doe effective date on the Departme	ific and cannot be prior to date of filing or more the sonot meet the applicable statutory filing requit of State's records. Live date, but not an effective time,	nirements, this date will not be listed
uted	January 20th	2016	
_	Siebahn	and the second authorized representative of a r	Acs of
	S.Bautta	Gabriella Nipper	AFT B
_		Typed or printed name of signee	22 0
			PM IZ: I
		Page 3 of 3	ATE ATE

Filing Fee: \$25.00