

L16000033661

(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



000283914490

04/04/16--01015--001 **25.00

2016 APR -4 P 5:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

APR 05 2016

3 MASON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Purity With Ease Cleaning Company

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:

Rikivia J. Kennerly

Name of Person

Purity With Ease Cleaning Company

Firm/Company

19715 sw 118th ct

Address

Miami, Fl 33177

City/State and Zip Code

pwe2016@gmail.com

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

For further information concerning this matter, please call:

Rikivia J. Kennerly

786 287-0958
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**

Purity With Ease Cleaning Company

(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 02/17/2016 and assigned
Florida document number L16000033661.

This amendment is submitted to amend the following:

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

Purity With Ease 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:

19715 sw 118th ct Miami fl 33177

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

PO BOX 972035 Miami, Fl 33197

(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:

Rikivia J. Kennerly

New Registered Office Address:

19715 sw 118th ct

Enter Florida street address

Miami

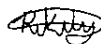
Florida 33177

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

FILED
2016 APR 11 P 5:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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> |
|----------------------------------|---------------------------|-----------------------------------|--|
| AMBR AK | Sandra Sneed-Kennerly | 19715 sw 118th ct Miami, Fl 33177 | <input checked="" type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR AK | Rikivia J. Sneed-Kennerly | 19715 sw 118th ct Miami, Fl 33177 | <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 |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

FILED
2016 APR 14 PM 5:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

[illegible]

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 March 07, 2016

Signature of a member or authorized representative of a member

Rikivia J. Kennerly

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
2016 APR -4 P 5:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA