

216000036174

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

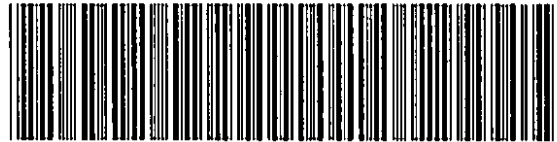
(Document Number)

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MAR 09 2020

2020 APR 13 PM 12:49

O SIMMONS  
APR 29 2020



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

2020/04/27 11:12:26

April 15, 2020

CHOY THOMAS (2ND ATTEMPT)  
2731 FLORAL RD  
LAKE WORTH, FL 33462

SUBJECT: HEAVENLY ASIAN HANDS, LLC  
Ref. Number: L16000036174

We have received your document for HEAVENLY ASIAN HANDS, 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 designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P17000005398.

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.

Octavia L Simmons  
Regulatory Specialist II Supervisor

Letter Number: 820A00007973



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

REC-13

2020 APR 13 AM 11:36

March 26, 2020

CHOY THOMAS  
271 FLORAL RD  
LAKE WORTH, FL 33462

SUBJECT: HEAVENLY ASIAN HANDS, LLC  
Ref. Number: L16000036174

We have received your document for HEAVENLY ASIAN HANDS, 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):

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If you have any questions concerning the filing of your document, please call (850) 245-6050.

Octavia L Simmons  
Regulatory Specialist II Supervisor

Letter Number: 720A00006721

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Heavenly Asian Hands, 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:

Choy Thomas  
Name of Person

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

2731 Floral Rd  
Address

Lake Worth, FL 33462  
City/State and Zip Code

movingforward954@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Choy Thomas at ( 561 ) 420-3959  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

2020 APR 13 PM 12:50

Heavenly Asian Hands, 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 2/23/16 and assigned Florida document number L16000036174.

This amendment is submitted to amend the following:

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

Flawless Services, 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)

2731 Floral Rd  
Lake worth, FL 33462

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2731 Floral Rd  
Lake worth, FL 33462

**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

[illegible]

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

2020 APR 13 PM 12:50

E. Effective date, if other than the date of filing: May 1, 2020 (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 April 24, 2020.

Choy Thomas

Signature of a member or authorized representative of a member

Choy Thomas

Typed or printed name of signee