

216 00000 931 96

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

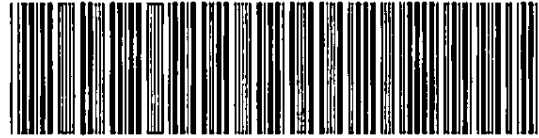
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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11/10/21 -- 01001 -- 000 *\$20.00

21 DEC -6 PM 11:10

T. MATTHEWS

DEC 14 2021



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2021 DEC -5 PM 12:53

November 23, 2021

VICOTORINE HARRIGAN
25 YORK CT
KISSIMMEE, FL 34758

SUBJECT: TREBELLA CLEANING ONE SERVICE LLC
Ref. Number: L16000093196

We have received your document for TREBELLA CLEANING ONE SERVICE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

IF AMENDING AUTHORIZED PERSON(S) TO MANAGE YOU MUST ENTER THE TITLE, NAME AND ADDRESS OF EACH PERSON BEING ADDED, REMOVED, OR CHANGED.

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.

Tekayla T Matthews
OPS

Letter Number: 221A00028119

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Trebella Cleaning One Service 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:

Victorine Harrigan
Name of Person

Trebella Cleaning One Service LLC
Firm/Company

25 York Ct.
Address

Kissimmee FL 34758
City/State and Zip Code

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

For further information concerning this matter, please call:

Victorine Harrigan at (407) 452 8214
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input 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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Trebella Cleaning One Service 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 05/12/2016 and assigned Florida document number 46000093196.

This amendment is submitted to amend the following:

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

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)

25 York Ct
Kissimmee
FL 34758

Enter new mailing address, if applicable:

(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:

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

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

21 DEC -6 PM 11:10

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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<u>MGR</u>	<u>Victorine H Harrigan</u>	<u>25 York Ct</u>	<input checked="" type="checkbox"/> Add
		<u>Kissimmee</u>	<input type="checkbox"/> Remove
		<u>fl. 34758</u>	<input type="checkbox"/> Change

<u>MGR</u>	<u>Lorenzo C Harrigan</u>	<u>25 York Ct</u>	<input checked="" type="checkbox"/> Add
		<u>Kissimmee</u>	<input type="checkbox"/> Remove
		<u>fl 34758</u>	<input type="checkbox"/> Change

<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change
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<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change
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<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

NOTE:

21 DEC -6 FILL: 10

I would like to remove
'Mr' & 'Mrs' from the
names. Thank you.

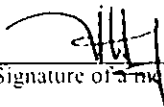
E. Effective date, if other than the date of filing: _____ (optional)

(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 12/01/21


Signature of a member or authorized representative of a member

Victorine Hamigan
Typed or printed name of signer