

L16000093667

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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2016 MAY 25 P 5:40
SECRETARY OF STATE
ALABAMA

FILED

MAY 26 2016

SWARREN

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Enchanting Cleaning Services of SWFL, 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:

Giuseppe Del Core

Name of Person

Firm/Company

1755 4 Mile Cove Pkwy. #232

Address

Cape Coral FL 33990

City/State and Zip Code

etrumper@weissaccountants.com

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

For further information concerning this matter, please call:

Elena Trumper

at 239 549-2140

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

(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 05/12/16 and assigned
Florida document number L16000093667.

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)

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:

Giuseppe Del Core

New Registered Office Address:

1755 4 Mile Cove Pkwy. #232

Enter Florida street address

Cape Coral

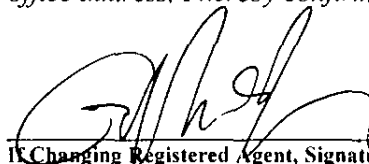
Florida 33990

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Giuseppe Del Core	1755 4 Mile Cove Pkwy. #232	<input checked="" type="checkbox"/> Add
		Cape Coral FL 33990	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Jiuseppe Del Core	1755 4 Mile Cove Pkwy. #232	<input type="checkbox"/> Add
		Cape Coral FL 33990	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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FILED
JAN 23 2006
CLERK OF STATE
TALLAHASSEE, FLORIDA
5:40 PM

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(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)

(b) The 90th day after the record is filed.

5/19/16

 or a member or authorized

Typed or printed name of signee

Filing Fee: \$25.00

2011 MAY 25 P 5:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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