116000156783

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COVER LETTER

TO: Amendment Section
Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:	MI CLEANING SE	KVICE, LLC			
L16000156783 DOCUMENT NUMBER:	···				
The enclosed Articles of Amendment and fee are su	bmitted for filing.				
Please return all correspondence concerning this ma	tter to the following	<u>!</u> :			
CONNIE L AUSTIN					
	(Name of Contact	t Person)			
HARMAN & PEASLEE, P.A.					
	(Firm/ Com	pany)			
303 N WARNELL ST					
	(Address)		<u>- 3</u>	2022
PLANT CITY, FL 33563				(<u>- 25</u> 1823	A.
	(City/ State and 2	(ip Code)		7 . 1	09
CONNIE@CCHRP.COM				73.55	P :
E-mail address: (to be use	ed for future annua	report notificatio	n)	r::	~
For further information concerning this matter, pleas	se call:			10	35
CONNIE L AUSTIN		813	754-1713		
(Name of Contact Perso	n)	(Area Code)	(Daytime Tele	phone Nur	nber)
Enclosed is a check for the following amount made p	payable to the Flori	da Department of	State:		
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status		Certif by is Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Street Address Amendment Sect Division of Corpo The Centre of T	orations		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303



RECEIVED

2022 MAY 20 AM 7:59

FLORIDA DEPARTMENT OF STATE OF STATE OF STATE Division of Corporations

TALLAHASSEE, FL.

April 20, 2022

CONNIE AUSTIN 303 N WARNELL ST PLANT CITY, FL 33563

SUBJECT: PAULA'S CUSTOM CLEANING SERVICE, LLC

Ref. Number: L16000156783

We have received your document for PAULA'S CUSTOM CLEANING SERVICE. LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA CORP, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

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.

Letter Number: 122A00009190

Octavia L Simmons Regulatory Specialist II Supervisor

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PAULA'S CUSTOM CLEANING SERVICE, I	LLC	三元 王
	Company as it now appears on our records.) imited Liability Company)	20 P
The Articles of Organization for this Limited Liability Cor Florida document number <u>L16000156783</u>	mpany were filed on 08/22/2016	and assigned 25
This amendment is submitted to amend the following:		171
A. If amending name, enter the new name of the limite	d liability company here:	
LAKEFRONT CANDLES LLC		
The new name must be distinguishable and contain the words "Limited	d 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 ADDRE.	<u></u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	office address on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	. Floric	la
 -	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

Title	<u>Name</u>	Address	Type of Action
			□Add
		·	
			□Add
			□Remove
			□Change
		-	□Add
			□Remove
			Change
			
			□Remove
			□Add
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			□Change
			□Add
			□Remove
			□ Change

D. If amen	ding any ot	her information, (enter ch	ange(s) he	re: (Attack	ı additional	sheets, if i	ecessary.)	
									
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(If an effect <u>Note:</u> If	ive date is liste the date inser	ter than the date of the date of the date must be spected in this block do date on the Department	cific and o	cannot be price	or to date of fill cable statute	ing or more the	nan 90 days a	otional) fler filing.) Pur this date will	suant to 605,0207 (not be listed as th
the record secord is	pecifies a del	ayed effective date,	but not a	n effective	time, at 12:0	I a.m. on th	e earlier of:	(b) The 90	th day after the
Dated X_	May	2	,,	202	<u>)</u> .				
ノ	<u> </u>	Signatu	RY 2	ember or auth	orized repres	entative of a r	member		
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Filing Fee: \$25.00