

**L17000008107**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

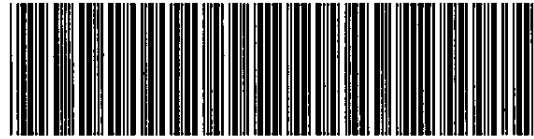
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



**500293871515**

01/23/17--01026--027 \*\*\$0.00

2017 JAN 23 A 7:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED**

**D. BRUCE**  
**JAN 24 2017**

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: A&I Cleaning Solutions 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:

Angelica Juanes

Name of Person

A&I Cleaning Solutions LLC

Firm/Company

3114 East Baldwin rd

Address

Panama city Florida 32405

City/State and Zip Code

aicleaningsolutions2017@gmail.com

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

For further information concerning this matter, please call:

Angelica Juanes

908 721-7549  
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

20

SECRETARY  
TALLAHASSEE  
FLORIDA

2017 JAN 23 / 746

FILED

A & I Cleaning Solutions LLC

Page 1 of 3

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	Angelica Juanes	3114 East Baldwin rd	<input checked="" type="checkbox"/> Add
		Panama city Florida 32405	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Ismael Morales	3114 East Baldwin rd	<input type="checkbox"/> Add
		Panama City Florida	<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  
 JAN 23 11 17 AM  
 TALLAHASSEE, FLORIDA  
 SECRETARY OF STATE

2017 JAN 23 /  
SECRETARY OF  
TALLAHASSEE,

FILED  
2017 JAN 23 A 7:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 January 20 2017

Atane

Signature of a member or authorized representative of a member

Angelica Juanes

Typed or printed name of signee