

L17000032588

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(Business Entity Name)

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R. HUNT  
12/13/23

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-624

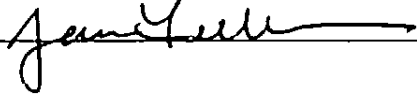
PLEASE USE FUNDS FROM THIS ACCOUNT: I20210000160: \$25.00

AUTHORIZATION SIGNATURE: \_\_\_\_\_

Kingsley 304 F LLC  
BUSINESS

L17000032588

Document #



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\_\_\_ Mail out \_\_\_ Will wait

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**NEW FILINGS**

\_\_\_ Profit  
\_\_\_ Not for Profit  
\_\_\_ Limited Liability  
\_\_\_ Domestication  
\_\_\_ Other  
\_\_\_ **CORP**

**AMMENDMENTS**

X Amendment  
\_\_\_ Resignation of R.A. Officer/Direct  
\_\_\_ Change of Registered Agent  
\_\_\_ Dissolution/Withdrawal  
\_\_\_ Merger  
\_\_\_ Conversion

**OTHER FILINGS**

\_\_\_ Annual Report  
\_\_\_ Fictitious Name

**REGISTRATION/QUALIFICATIONS**

\_\_\_ Foreign filing  
\_\_\_ Limited Partnership  
\_\_\_ Reinstatement

\_\_\_ APOSTIL ( ) \_\_\_  
Country

\_\_\_ Other

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EXAMINER'S INITIALS: \_\_\_\_\_

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Kingsley 304 F 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:

Lissette Cruz  
Name of Person

Kingsley 304 F LLC  
Firm/Company

400 NW 7<sup>th</sup> Ave # Suite 57K  
Address

Fort Lauderdale, FL 33302  
City/State and Zip Code

All purpose cleaning and services@gmail.com  
E-mail address: (to be used for future annual report notification)

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FL  
DIVISION OF STATE  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

For further information concerning this matter, please call:

Anderson Ramirez Jr at (786) 366-8987  
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 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

Kingsley 304F 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 Feb 9<sup>th</sup> 2017 and assigned  
Florida document number L17000032588

This amendment is submitted to amend the following:

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

All Purpose Cleaning & Services Enterprise LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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:

New Registered Office Address:

Enter Florida street address

City

Florida

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

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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	Manuel Lenz	3100 NW 72 <sup>nd</sup> Ave	<input type="checkbox"/> Add
		Miami, FL 33122	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Lisette Cruz	400 NW 7 <sup>th</sup> Ave, Suite 571	<input checked="" type="checkbox"/> Add
		Fort Lauderdale, FL 33302	<input type="checkbox"/> Remove
		400 NW 7 <sup>th</sup> Ave, Suite 571	<input type="checkbox"/> Change
MGR	Anderson Ramirez Jr.	Fort Lauderdale, FL 33302	<input checked="" 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

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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.

Dated December 8<sup>th</sup>, 2023

Niosette Cruz

Typed or printed name of signee

**Filing Fee: \$25.00**