4/6/2017

Division of Corporations

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H17000094585 3)))



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Division of Corporations

Fax Number : (850)617-6383

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TURPIN'S CLEANING, LLC

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Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER

	egistration Scivision of Cor				
SUBJECT	Turpin's C	Cleaning, LLC			
SUBJECT	·	Name of Lin	nited Liability Company		
The enclose	ed Articles of	Amendment and fee(s) are sub	emitted for filing.	•	
Please retui	m all correspo	indence concerning this matter	to the following:		
		Cheyenne Moseley			
		1 · · · · · · · · · · · · · · · · · · ·	Name of Person		
		Legalzoom.com, Inc.		•	
			Firm/Company		رور
		101 N. Brand Blvd., 111	h Floor		,,,
			Address		
		Giendale, CA 91203			
			City/State and Zip Code		
		tommy.turpin@harrymai			
		E-mail address: (to be used for future annual report notif	ication)	
For further	information c	oncerning this matter, please c	all:		
Cheyenne	Moseley		800 773-0888 e		
	Name of	f Person	Area Code Daytime	Telephone Number	
linclosed is	a check for th	ne 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 Lightling		
(A Florida	y Company as it now appears on our rec Limited Liability Company)	cordi.)
The Articles of Organization for this Limited Liability Co	ompany were filed on 03/09/2017	and assigned
Florida document number L17000054927	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
Harry Maids, LLC		
The new name must be distinguishable and end with the words "Lim	ited 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	ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
Musium agaress MAT DE A POST OFFICE BUXT	whole should be seen that the short of the see of the s	
	·	
B. If amending the registered agent and/or registered agent and/or the new registered office addresses		is us, enter the name of the new
Name of New Registered Agent:		
Name of New Registered Agent: New Registered Office Address:		
	Enter Florida street ad	dress
	Enter Florida street ad	Florida
	Enter Florida street ad	dress Florids Zip Code
	Enter Florida street add City	Florida
New Registered Office Address:	Enter Florida street add City Agent: and agree to act in this capacity. I implete performance of my duties ent as provided for in Chapter 60 d office address, I hereby confirm	Florida Zip Code I further agree to comply with the , and 1 am familiar with and 15, F.S. Or, if this document is that the limited ltability
New Registered Office Address: New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and coacept the obligations of my position as registered age being filed to merely reflect a change in the registered	Enter Florida street add City Agent: and agree to act in this capacity. is amplete performance of my duties ent as provided for in Chapter 60	Florida Zip Code I further agree to comply with the , and 1 am familiar with and 15, F.S. Or, if this document is that the limited ltability

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member					
Title	<u>Name</u>	Address	Type of Action		
			Add		
			□ Remove		
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Page 2 of 3

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II amend	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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 Fffeative	e date, if other than the date of filing:	_
The offecti the date th	e date, if other than the date of filing: (optional) we date must be specific, cannot be prior to date of receipt or filed date and cunnot be more than 90 days after its document is filed by the Florida Department of State)	
Dated	April 4 , 2017 .	
	757	
	Signature of a member or authorized representative of a member	
	Tommy W Turpin, Jr. Typed or printed name of signee	

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Filing Fee: \$25.00

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