

U700055983

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

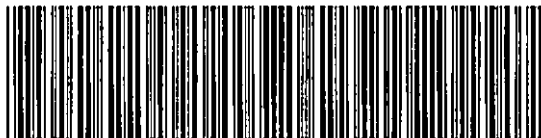
(Document Number)

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SECRETARY OF STATE
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JUL 1 10 00 AM '18

18 JUN 27 PM 4:01

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JUL - 3 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 24, 2018

TAMELLA HARALSON
4302 MASERATI ST.
SEBRING, FL 33872

SUBJECT: HIGHLANDS CLEANING COMPANY, LLC
Ref. Number: L17000055983

We have received your document for HIGHLANDS CLEANING COMPANY, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L18000080074 "SOUTHERN PRIDE CLEANING LLC".

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) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 318A00010927



RECEIVED

2018 JUN 27 AM 10:16

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PASSED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Highlands Cleaning Company, 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:

Tamella Haralson
Name of Person

Firm/Company

4302 Maserati St.
Address

Sebring, FL 33872
City/State and Zip Code

tamilew18@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tamella Haralson at (863) 414-3374
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**

Highlands Cleaning Company, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
18 JUN 27 PM 4:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on March 10, 17 and assigned
Florida document number 417000055983

This amendment is submitted to amend the following:

A. If amending name, Southern Pride Cleaning Co. of Heartland, LLC
enter the new name of the limited liability company here:

Southern Pride Cleaning Co., LLC
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)

4302 Maserati St.
Sebring, FL 33872

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4302 Maserati St.
Sebring, FL 33872

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

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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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SECRETARY OF STATE
HALL CHAMBERLAIN

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18 JUN 27 PM 4:01
SECURITY OF STATE
TAL/AM/01/11/01/01

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JUN 27 PM 4:01
18
SECRETARY OF STATE
MAINE

(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)

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.

5-13-18

Signature of a member of authorized representative

Signature of a member or authorized representative of a member

Amella Hareison

Typed or printed name of signee