

# L17000062097

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

JUN 01 2017  
J. HARRIS

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Hankerson Household Cleaning Supplies Limited Liability Corporation  
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:

Brenda Cuttray

Name of Person

Hankerson Household Cleaning Supplies Limited Liability Corporation

Firm/Company

537 NW 17th Avenue

Address

Fort Lauderdale Florida 33311

City/State and Zip Code

brendacuttray@gmail.com

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

For further information concerning this matter, please call:

Brenda Cuttray

954 465-3121  
at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 15, 2017

BRENDA CUTTRAY  
537 NW 17TH AVENUE  
FORT LAUDERDALE, FL 33311

SUBJECT: HANKERSON'S HOUSEHOLD CLEANING SUPPLIES, LLC.  
Ref. Number: L17000062097

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TALLAHASSEE FLORIDA

We have received your document for HANKERSON'S HOUSEHOLD CLEANING SUPPLIES, LLC. and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

It appears no changes are being made.

To receive a refund, please submit a written request to the attention of the undersigned. Be sure to include the name of the person or entity the check should be made payable to and the address to which it should be mailed.

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.

Jenna D Harris  
Regulatory Specialist II

Letter Number: 117A00009669

2017 MAY 30 AM 11:51  
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

HANKERSON HOUSEHOLD CLEANING SUPPLIES LIMITED LIABILITY COMPANY

(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 02/01/2017 and assigned  
Florida document number L17000062097.

This amendment is submitted to amend the following:

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

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)

537 N.W. 17TH AVENUE

FORT LAUDERDALE, FL 33304

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

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TALLAHASSEE FLORIDA

**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*

Florida

*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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Sham'brea Taylor	533 NW 17th Avenue	<input type="checkbox"/> Add
		Fort Lauderdale, Florida 33311	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Andrew Bullard	671 39th Avenue	<input type="checkbox"/> Add
		Lauderhill, Florida 33311	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Ginna Suarez	801 E. Chelsea Street	<input type="checkbox"/> Add
		Tampa, Florida 33604	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Meshay Stevens	801 E. Chelsea Street	<input type="checkbox"/> Add
		Tampa, Florida 33604	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR		801 E. Chelsea Street	<input type="checkbox"/> Add
		Tampa, Florida 33604	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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TALLAHASSEE FLORIDA

[illegible]

**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 3-27, 2017

Brenda Cuttray  
Typed or printed name of signer

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TALLAHASSEE FLORIDA