

L17000 064 245

(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



300333521023

08/30/13--0100--004--25.00

19 AUG 30 PM 1:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

SEP 12 2013

RECORDED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CLOVER CLEANING SERVICES 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:

MARTHA BELEN ROJAS VELAZQUEZ

Name of Person

CLOVER CLEANING SERVICES LLC

Firm/Company

330 W CORNELIUS CIR

Address

SARASOTA, FL 34232

City/State and Zip Code

BELEN.VELAZQUEZ@ICLOUD.COM

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

For further information concerning this matter, please call:

MARTHA B. ROJAS VELAZQUEZ

941

726-8019

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

CLOVER CLEANING SERVICES 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	DAVID ELIZARRARAS	330 W CORNELIUS CIR	<input checked="" type="checkbox"/> Add
		SARASOTA, FL 34232	<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
			<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
11 AUG 30 PM 1:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
19 AUG 30 PM 1:2
SECURITY DIVISION
FALL ARMSSEE FLORIDA

FILED
19 AUG 30 PM 1:24
SECURITIES DIVISION
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)
(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)
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.

(b) The 90th day after the record is filed.

Dated AUGUST 27TH 2019

[Signature]

Signature of a member or authorized representative of a member

MARTHA B. ROJAS VELAZQUEZ

Typed or printed name of signee