## UNDED 80639

| (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: |
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TALLAHASSEE FLORIDA

APR 2 5 2017 S. YOUNG



## FLORIDA DEPARTMENT OF STATE Division of Corporations

April 19, 2017

NICOLE A SANCHES EMANUEL ELITE CLEANING LLC 5369 CASTLEMAN DRIVE SARASOTA, FL 34232

SUBJECT: EMANUEL ELITE CLEANING L.L.C

Ref. Number: L17000080639

We have received your document for EMANUEL ELITE CLEANING L.L.C and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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.

Shelia H Young Regulatory Specialist II

Letter Number: 217A00007585

17 APR 17 PM 4: 11

## **COVER LETTER**

| TO: Registration So<br>Division of Con |  |   |  |                 |
|--|--|---|--|-----------------|
| SUBJECT: EX                            | muel Elite   | e Cleaning &  | SC.  |                 |
| Sobole                                 | Name of Lim  | ited Liability Company  | <u> </u>   |                 |
|  |  |   |  |                 |
| The enclosed Articles of               | Amendment and fee(s) are sub   | mitted for filing.  |  |                 |
| Please return all correspo             | ondence concerning this matter   | to the following:   |  |                 |
|  | Nicole   | A. Sanche   | 5  |                 |
|  | Emonuel  | Elife Cleaning  | 32C  | TO APR          |
|  | 5369 Ca  | Stemen Dr. Address  |  | APR 17 PM 4: 11 |
|  | Sayasoto   | A F1. 34236<br>City/State and Zip Code  | <u> </u>   | F: 11           |
|  | Sanches  | 1211 NICOLE & (   | Simail, com  |                 |
| For further information c              | oncerning this matter, please or   | •   | icationy   |                 |
| Nicde A.                               | Janches  | at <u>941,5</u> 37-8  | 3579   |                 |
| Name o                                 | l'Person   | Area Code Daytime   | Telephone Number   |                 |
| Enclosed is a check for the            | e following amount:  |   |  | ,               |
| A \$25.00 Filing Fee                   | □ \$30.00 Filing Fee &<br>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) |                 |
| Registr<br>Divisio<br>P.O. Bo          | NG ADDRESS:<br>ation Section<br>n of Corporations<br>ox 6327<br>ssee, FL 32314 | STREET/COURIE<br>Registration Section<br>Division of Corpora<br>Clifton Building<br>2661 Executive Cer<br>Tallahassee, FL 323 | t<br>tions<br>nter Circle  |                 |

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on 4.11.17 Florida document number <u>L1700080639</u> 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) 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:

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 = M $AMBR = A$ | lanager<br>uthorized Member |  |                  |  |
|--------------------|-----------------------------|--|------------------|--|
| <u>Title</u>       | Name                        | Address                                  | Type of Action   |  |
| mgc                | Name<br>Anna meguire        | 5369 Castlemon Dr.                       | [3] Add          |  |
| J                  | '                           | 5369 Castlemon Dr.<br>Sayasota Fl. 34232 | ☐ Remove         |  |
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| k does not meet                     | the applicable  | ate of filing or mo<br>statutory filing   | re than 90 days after fi<br>requirements, this c   | 181)<br>iling.) Pursuant to<br>late will not be l | 605.0207 (3)<br>listed as the |
|                                     | , but not ar  | n effective ti  | me, at 12:01 a.  | m. on the ea                                      | rlier of:                     |
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| udu<br>ignature of a memb           | a cor authorized  | representative of   | f a member   |   |                               |
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Filing Fee: \$25.00