

L17000143500

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

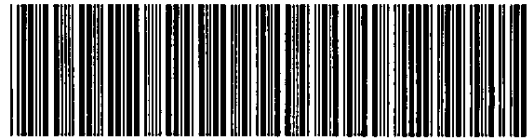
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
NOV 13 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SANDRA'S PROFESSIONAL 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:

SANDRA P. LOPEZ DE MANIA

Name of Person

Firm/Company

4312 CREEKS RUN BLVD.

Address

KISSIMMEE, FL 34746

City/State and Zip Code

SANDRALOPEX@YAHOO.COM

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

For further information concerning this matter, please call:

SANDRA P. LOPEZ DE MANIA

321 830-3244
at (_____) _____
Area Code Daytime Telephone Number

Name of Person

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

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

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>
MGRM	TORRES RAMOS, BRENDA I	4909 ROCKVALE DR.	☐ Add
		KISSIMMEE, FL 34758	☒ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
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 move
 Change
 Add
 Remove

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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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.

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.

Dated NOVEMBER 02, 2017



Signature of a member or authorized representative of a member

SANDRA P. LOPEZ DE MANIA

Typed or printed name of signee