

L17000158383

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP☐ WAIT

MAIL

(Business Entity Name)

(Document Number)

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2017 DEC -1 PM 4:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
DEC - 6 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Squeak Cleaners 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:

Nia Greenhill
Name of Person

Squeak Cleaners Cleaning Service LLC,
Firm/Company

1461 Dorado Dr Kissimmee
Address

Kissimmee FL 34741
City/State and Zip Code

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

For further information concerning this matter, please call:

Nia Greenhill at (321) 512-1457
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)

Sent money already

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

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

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 7/25/2017 and assigned
Florida document number LI 7000158383

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:

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>
X	<u>Damen Darden</u>	<u>359 Brace Ave</u>	<input type="checkbox"/> Add
		<u>Elyria Oh 44035</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>Nia Greenhill</u>	<u>1461 Dorado Dr Apt A</u>	<input checked="" type="checkbox"/> Add
		<u>Kissimmee FL 34741</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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TALLAHASSEE FLORIDA

FILED

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

ADD EIN# 82-2242963 ✓ *[Signature]* yes

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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.

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

11/22/2017

[Signature]

Signature of a member or authorized representative of a member

Nia Greenhill

Typed or printed name of signee



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 17, 2017

SQUEAKY CLEANERS CLEANING SERVICE LLC
NIA GREENHILL
1461 DORADO DR, APT. A
KISSIMMEE, FL 34741

SUBJECT: SQUEAKY CLEANERS CLEANING SERVICE LLC
Ref. Number: L17000158383

We have received your document for SQUEAKY CLEANERS CLEANING SERVICE LLC and your check(s) totaling \$25.00. 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.

Karen A Saly
Regulatory Specialist II

Letter Number: 417A00023430

2017 DEC -1 AM 11:55

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