

L17000195922

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
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B FIGUEROA

JAN 17 2018



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 28, 2017

HEMUTH NELSON  
5308 W PALM CIR  
TAMARAC, FL 33319

SUBJECT: DELIGHTED CLEANING SERVICES LLC  
Ref. Number: L17000195922

We have received your document for DELIGHTED CLEANING SERVICES 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):

The name of a limited liability company in the state of Florida must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." Please add the appropriate designation to the name of your limited liability company or to the alternate name you have selected for the state of Florida, if your name is unavailable in this state. The following suffixes are no longer acceptable limited liability company suffixes in Florida: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.," also are no longer acceptable.

Please return the corrected original and one copy of 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.

Brittany M Figueroa  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 617A00026293

RECEIVED  
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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Delighted Cleaning Services, Limited Liability Company, L.L.C

\_\_\_\_\_  
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:

Helmuth Nelson

\_\_\_\_\_  
Name of Person

Delighted Cleaning Services

\_\_\_\_\_  
Firm/Company

5308 W Palm Circle

\_\_\_\_\_  
Address

Tamarac, FL, 33319

\_\_\_\_\_  
City/State and Zip Code

Helmuthnelson@yahoo.com

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

For further information concerning this matter, please call:

Carmen Nelson

954 646-5689  
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

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

DELIGHTED CLEANING SERVICES LLC

(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 09/21/2017 and assigned  
Florida document number L17000195922.

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: Carmen Nelson

New Registered Office Address: 5308 W Palm Circle

*Enter Florida street address*

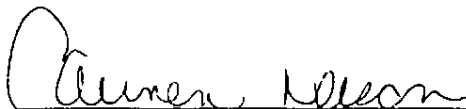
Tamarac, Florida 33319

*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	Helmuth Nelson	5308 W Palm Cir	<input checked="" type="checkbox"/> Add
		Tamarac, FL, 33319	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Helmuth Nelson	5308 W Palm Cir	<input checked="" type="checkbox"/> Add
		Tamarac, FL, 33319	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Carmen Nelson	5308 W Palm Cir	<input checked="" type="checkbox"/> Add
		Tamarac, FL, 33319	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Carmen Nelson	5308 W Palm Cir	<input checked="" type="checkbox"/> Add
		Tamarac, FL, 33319	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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**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.

Hermuth Aessa  
Signature of a member or authorized representative of a member

Typed or printed name of signee

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