

L17000 211 239

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

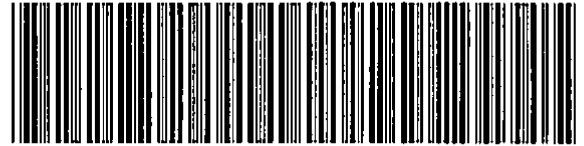
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/05/19--01012--017 **52.50

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09/04/19--01013--007 **7.50

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2019 AUG 30 AM 11:27
TALLAHASSEE, FL
S. H. HARRIS, CLERK

SEP 04 2019

C. KIRSEY



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 12, 2019

MARVIN GABRIEL- SALVADOR
PO BOX 92
LAKE WALES, FL 33853

SUBJECT: JR CLEAN TEAM,LLC
Ref. Number: L17000211239

We have received your document for JR CLEAN TEAM,LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Profit corporation, but your entity is a Limited liability company. Please complete and return the enclosed blank form(s).

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

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) 245-6050.

Catherine M Wood
Regulatory Specialist II

Letter Number: 619A00016504

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____

JR CLEAN TEAM 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:

MARVIN J. GABRIEL - SALVADOR

Name of Person

JR CLEAN TEAM, LLC

Firm/Company

P. O. Box 92

Address

Lake Wales FL 33852

City/State and Zip Code

JRTEAMLLC@yahoo.com

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

For further information concerning this matter, please call:

Awilda CASTRILLON

Name of Person

at (

407

Area Code

414-9552

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

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

JR CLEAN TEAM 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 10/12/17 and assigned
Florida document number L17000211239

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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)

N/A

N/A

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2019 AUG 30 AM 1:27
SOUTH DAVENPORT
FLORIDA

**B. If amending the registered agent and/or registered office address on our records, enter the name of the n
registered agent and/or the new registered office address here:**

Name of New Registered Agent:

MARVIN J. GABRIEL - SALVADOR

New Registered Office Address:

2518 FOREST DR

Enter Florida street address

Dale Wale, FL

City

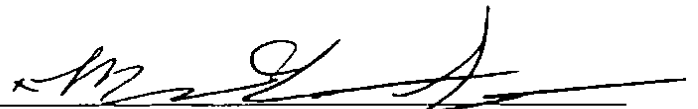
Florida

33898

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>
<u>MGR</u>	<u>MARVIN J. GABRIEL-SALVADOR</u>	<u>2518 FOREST DR.</u> <u>LAKE WALES, FL 33898</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
<u>AMBR</u>	<u>MARINA SALVADOR AGUSTIN</u>	<u>730 Hibiscus Ave</u> <u>LAKE WALES, FL 33853</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
<u>MGR</u>	<u>BORGES EPITANIO</u>	<u>730 Hibiscus Ave</u> <u>LAKE WALES, FL 33853</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
<u>R</u>	<u>VARGAS, ESTER</u>	<u>P.O. Box 92</u> <u>LAKE WALES, FL 33853</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

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

N/A

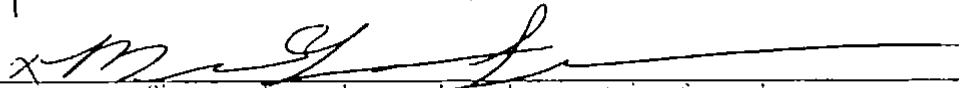
E. Effective date, if other than the date of filing: 8/01/19 (optional)

(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 August 23, 2019.



Signature of a member or authorized representative of a member

Martin J. Gabriel Salvador

Typed or printed name of signee