

L17000229342

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

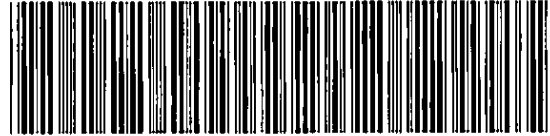
(Business Entity Name)

(Document Number)

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18 JUL -9 PM 4: 07
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COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: **TANGLEWOOD ENTERPRISES 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 L Sweeney

Name of Person

TANGLEWOOD ENTERPRISES CLEANING SERVICES LLC

Firm/Company

10400 SW 99th Avenue

Address

Ocala, FL 34481

City/State and Zip Code

alltypesofcleaningss@gmail.com

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

For further information concerning this matter, please call:

Sandra L Sweeney

970

618-1436

at ()

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)

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

no \$

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

TANGLEWOOD ENTERPRISES CLEANING SERVICES LLC

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 11/6/2017 and assigned
Florida document number L17000229342.

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>
AMBR	Carmen Hall	9981 SW 104 Place	<input checked="" type="checkbox"/> Add
		Ocala, FL 34481	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Lorna E. Dixon	9090 SW 101 Street Place	<input checked="" type="checkbox"/> Add
		Ocala, FL 34481	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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 18 JUL 20 PM 4:08

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

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18

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.

(b) The 90th day after the record is filed.

Dated

6-21-2018

Signature of a member or authorized representative of a member

Sandra L Sweeney

Typed or printed name of signee



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 28, 2018

SANDRA L SWEENEY
10400 SW 99TH AVE
OCALA, FL 34481

SUBJECT: TANGLEWOOD ENTERPRISES CLEANING SERVICES LLC
Ref. Number: L17000229342

We have received your document for TANGLEWOOD ENTERPRISES CLEANING SERVICES LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

Please return 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.

Jenna D Harris
Regulatory Specialist II

Letter Number: 918A00013498



RECEIVED

2018 JUL -9 PM 12:27

DEPARTMENT OF
VISION OF CORP.
TALLAHASSEE, FL

Sorry 

Thank you