

L18000012622

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

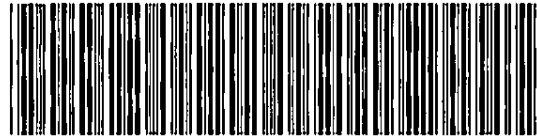
(Business Entity Name)

(Document Number)

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S. YOUNG

MAY 14 2019
S. YOUNG

FILED
19 MAY 14 PM 6:09
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 18, 2019

NEAT FREAKZ CLEANING SERVICE LLC
JDP & ASSOCIATES
PO BOX 4422
ST AUGUSTINE, FL 32085

SUBJECT: NEAT FREAKZ CLEANING SERVICE LLC
Ref. Number: L18000012622

We have received your document for NEAT FREAKZ 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):

YOU CAN ONLY REMOVE THE REGISTERED AGENT ON THE FORM SUBMITTED

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.

Shelia H Young
Regulatory Specialist II

Letter Number: 719A00003468

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: NEAT FREAKZ CLEANING SERVICE, 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:

JAIME D. PERKINS

Name of Person

JDP & ASSOCIATES

Firm/Company

PO BOX 4422

Address

ST AUGUSTINE, FL 32085

City/State and Zip Code

JDPANDASSOCIATES@GMAIL.COM

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

For further information concerning this matter, please call:

JAIME D. PERKINS

904 347-8392
at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee
FILING FEE ALREADY
RECEIVED BY YOUR
OFFICE PLEASE REVIEW
AND ACCEPT THIS
AMENDMENT.

☐ \$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

RECEIVED

MAY 13 2019

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

NEAT FREAKZ CLEANING SERVICE, 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 01/16/2018 and assigned
Florida document number L18000012622.

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 "LLC."

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: CRYSTAL M THOMPSON

New Registered Office Address: 580 AIKEN STREET

Enter Florida street address

ST AUGUSTINE, Florida 32084

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	EBONY M GINN	198 ARORA BLVD #3003	<input type="checkbox"/> Add
		ORANGE PARK, FL 32073	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CRYSTAL M THOMPSON	580 AIKEN STREET	<input checked="" type="checkbox"/> Add
		ST AUGUSTINE, FL 32084	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

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.

Dated MAY 8, 2019

Cynthia M. Thompson
Signature of a member or authorized representative of a member

Typed or printed name of signee