

L 18 000072889

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

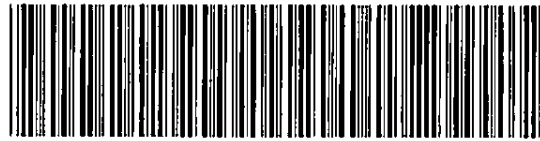
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09/08/23--01025--003 \*\*25.00

09/08/23--01025--004 \*\*5.00

FILED  
2023 OCT 12 AM 10:49  
SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Pearl's Cleaning Company 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:

Aurina P Galicshaw  
Name of Person  
Pearl's Cleaning Company LLC  
Firm/Company  
5185 Louisa Vista Circle #108  
Address  
Oviedo, FL 32265  
City/State and Zip Code  
aurinagalicshaw@yahoo.com  
E-mail address: (to be used for future annual report notification)

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DIVISION OF CORPORATIONS

For further information concerning this matter, please call:

Aurina P Galicshaw at ( 856 ) 345.8920  
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 Address:  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

Pearls Cleanings Company 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 09.03.23 and assigned  
Florida document number L20000073925

This amendment is submitted to amend the following:

L18000072889

**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)

5185 Loma Vista Circle  
#105  
Owiedo, FL 32765

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5185 Loma Vista Circle  
#105  
Owiedo, FL 32765

**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:

Amina P. Gallashaw

New Registered Office Address:

5185 Loma Vista Circle #105  
Enter Florida street address

Owiedo

Florida

FL 32765  
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.

X Amina P. Gallashaw  
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>  |
|--------------|--------------|--|--|
| Owner        | Pearl Walker | 5185 Loma Vista Circle<br>Apt #105<br>Oviedo, FL 32765 | <input type="checkbox"/> Add<br><input checked="" 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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**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

SECRETARY OF THE  
TALLAHASSEE FL

F. Effective date, if other than the date of filing: 08.31.2023 (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 \_\_\_\_\_, \_\_\_\_\_

*Quinn P. Hallahan*  
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Anna P. Gallashaw

Typed or printed name of signee