11800080662

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2018 JUN -4 KHII: 20 SLOKETASE SESTEMBLE KALLAHASSEE FI 11516

FILED





May 16, 2018

STEPHANIE FREISNER 5074 SAN MIGUEL ST MILTON, FL 32583

SUBJECT: STEPHANIE FREISNER'S CLEANING FAIRIES L.L.C.

Ref. Number: L18000080662

We have received your document for STEPHANIE FREISNER'S CLEANING FAIRIES L.L.C. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Letter Number: 818A00010223

Justin M Shivers
Regulatory Specialist II Supervisor
Registration/Qualification Section

COVER LETTER

SUBJECT: Stepha	anie Freisners	Cleaningfairies LL	-C.
	Name of Lin	nited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	\bigcirc		
	Stephanie	P Freisner Name of Person	
	Stephanie Fr	eisners Cleaning fair	ies LLC
		Firm/Company	
	5074 San	Migrel St.	
		Address	
	Milton Fl	City/State and Zip Code	
	Olean oac '	City/State and Zip Code	
	E-mail address: (1	52016 @ gmail. LON to be used for future annual report notifica	1 tion)
For further information con	ncerning this matter, please ca		
C1a	Cainan	C-0 1100 0	1 20
<u>Stephanie</u>	Housner Person	at (<u>850_) 490_3</u>	629
		mea code izayimle re	ricphone 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

TO:

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

Stephanie Freisners Cle (Name of the Limited Liability Com (A Florida Limited	eaning fairles LLC
(<u>Name of the Limited Liability Com</u> (A Florida Limite	ipany as ir now appears on our records.) ed Liability Company)
The Articles of Organization for this Limited Liability Compar Florida document number <u>L</u> 18000080662.	ny were filed on March 29, 2018 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	ability company here:
The new name must be distinguishable and contain the words "Limited Lial	ability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	-4
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	AH SSECTION AND A PART OF
Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he	office address on our records, <u>enter the name of the neere</u> :
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered Agent	City Zip Code

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

.!! 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>	Name	Address	Type of Action
AMBR	Stephanie Freisner	5074 San Migrel St Milton Fl 3258	3_ X Add
			□ Remove
			Change
			D Add
			□ Remove
			Change
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		<u>- </u>	🗆 Remove
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C. Defination data	:6 .4b - 1 4b - 4b - 1	. A C. E.V.				
(If an effective date.	is listed, the date must be	e specific and canno	t be prior to date of fili	ng or more than 90 days a	otional) fter filing.) Pursuant t	o 605.0207 (3
document's effe	ective date on the Depa	artment of State's	records.	ry filing requirements,	inis date will not be	e fisted as if
f the record an	onifina e deleved e		l			
b) The 90th d	ay after the record	d is filed.	out not an effec	tive time, at 12:0:	l a.m. on the e	arlier of:
YM.	WA 2A	7	2015			
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Dated 116			ο <i>α</i> /\			
Dated		-4 lllo	r or authorized represe			

Page 3 of 3

Filing Fee: \$25.00