# 1180000999957

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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#### FLORIDA DEPARTMENT OF STATE Division of Corporations

October 4, 2018

LISA PILGRIM 2499 OLD LAKE MARY RD SUITE 104 SANFORD, FL 32771

SUBJECT: WHATEVER PILGRIM CLEANING COMPANY, LLC

Ref. Number: L18000098957

We have received your document for WHATEVER PILGRIM CLEANING COMPANY, 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):

Page 2 of 3 is missing.

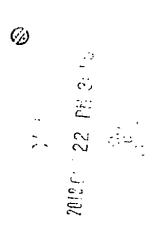
We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6051.

Letter Number: 318A00020689

Dionne M Scott Regulatory Specialist II



### **COVER LETTER**

FO: Registration Se Division of Cor	porations 🕜	11	*	
SUBJECT: ///	fever Algoria	Gening Oy ted Liability Company	any uc	
	ame of Limi	ited Liability Company	//	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	LISA F	Name of Person		
		O Manie of Felicon	ng Service, UC	
		Lake Mary Re		
	Santoro,	City/State and Zip Code  Of Grand And To be deed for future annual report notion		
	Uhater er p E-mail address (1	DI GRADO AMU to be Jsed for future annual report noti	il CoM	
For further information e	oncerning this matter, please co		22	!
LISA PILA	7M f Person	at ( <u>937</u> ) <u>732</u> Area Code Daytim	- 3945	
Enclosed is a check for the	he 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

Whatever Pilgna	, Cleaning Company, UC
(Name of the Limited Unability (A Florida Li	Company as it now appears on our records.)
The Articles of Organization for this Limited Liability Con Florida document number <u>L1800059895</u>	npany were filed on $\frac{4-19-2018}{2}$ and assigned
This amendment is submitted to amend the following:	
Enter new principal offices address, if applicable:	d Liability Company," the designation "L.L.C."
(Principal office address MUST BE A STREET ADDRES	<u>SS)</u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or register registered agent and/or the new registered office address	red office address on our records, enter the name of the noss here:
Name of New Registered Agent:	. <del>.</del>
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

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being addressed from our records:

IGR = Manager MBR = Authorized Member

i <u>tle</u>	Name	Address	Type of Actio
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Effective date, if other than the if an effective date is listed, the date must Note: If the date inserted in this blodocument's effective date on the De	be specific and cannot be ock does not meet the ap	plicable statutory fili	more than 90 days afte	i <b>onal)</b> r filing.) Pursuant to is date will not be	605.020 tisted a
ne record specifies a delayed The 90th day after the reco		not an effective	time, at 12:01	a.m. on the ea	ərlier d
Dated	Lisat	Ugum			_
	Signature of a member or HSA PIC	authorized representativ	e of a member		

Page 3 of 3

Filing Fee: \$25.00