

LI8000106566

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

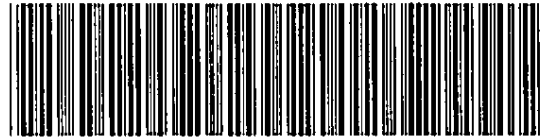
(Business Entity Name)

(Document Number)

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18 MAY 11 PM 2:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



O SIMMONS

MAY 16 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SOLANGES 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:

EMERSON G. MATOCANOVIC
Name of Person

SOLANGES CLEANING SERVICES, LLC
Firm/Company

342 AVIATAR CIR #101
Address

NAPLES, FL 34114
City/State and Zip Code

SOLPINHA@CARTELINK.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EMERSON G. MATOCANOVIC at (239) 325-7614
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

SOLANGES CLEANING SERVICES, LLC
(Name of the Limited Liability Company as it now appears on our records, if
(A Florida Limited Liability Company)

Page 1 of 3

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>
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<u>P</u>	<u>EMERSON G. MATOCANBUC</u>	<u>3142 AUPAMAR CIR #101</u>	<input checked="" type="checkbox"/> Add
		<u>NAPLES, FL 34114</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

<u>G.M.G.R</u>	<u>EMERSON G. MATOCANBUC</u>	<u>3142 AUPAMAR CIR #101</u>	<input checked="" type="checkbox"/> Add
		<u>NAPLES, FL 34114</u>	<input type="checkbox"/> Remove

			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Just like to add my name
EMERSON G. MATOCANOVIC AS A
President and general manager of
Solonjes cleaning services, LLC - 500 312 592735
THANKS
//

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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))

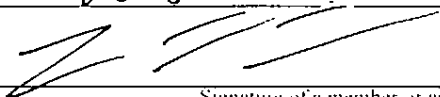
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

5-8-2018



Signature of a member or authorized representative of a member

EMERSON G. MATOCANOVIC

Typed or printed name of signee