

L18000106566

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

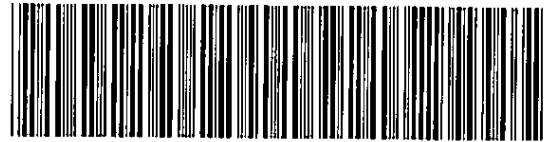
(Business Entity Name)

(Document Number)

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SOLANGES CLEANING SERVICES,LLC

SUBJECT: _____
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 J.L.C.

Firm/Company

3142 Aviamar Cir #101

Address

Naples Florida 34114

City/State and Zip Code

sulinha@earthlink.net

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

For further information concerning this matter, please call:

EMERSON G MATOCANOVIC

239

32576-14

Name of Person at (_____) _____
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

**TO
ARTICLES OF ORGANIZATION
OF**

SOLANGES CLEANING SERVICES,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 APRIL 25, 2018 and assigned
Florida document number 118000106566

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

XX

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

PO BOX 10726

NAPLES FL 34114

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2019 JUN 24 AM 10:55
CLERK OF CIRCUIT COURT
NAPLES, FLORIDA

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:

SOLANGE A OLIVEIRA

New Registered Office Address:

3142 Aviamar Cir #101

Enter Florida street address

NAPLES

Florida

34114

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.

Solange A. Oliveira

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
P	Emerson G Matocanovic	3142 Aviamar Cir #101 naples, fl 34114	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
G MGR	Emerson G Matocanovic	3142 Aviamar Cir # 101 Naples, fl 34114	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
P	Solange A Oliveira	3142 Aviamar Cir # 101 Naples , fl 34114	<input checked="" type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
G MGR	Solange A Oliveira	3142 Aviamar Cir # 101 Naples , fl 34114	<input checked="" type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2015 JUN 2
SEC. OF
FALL FL. CO.
RECEIVED
JUN 21
2015

Please do remove my name Emerson G Matocanovic as president, general manager, and Registered Agent:

And Please

Add, mrs Solange A Oliveira ,AS the new President , General Manager, and the new, Registered Agent

SOLANGES CLEANING SERVICES,L.L.C ... and owner off 100% off the company shares.

thanks Emerson G Matocanovic

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2019 JUN 24 AM 10:51
SECRETARY OF STATE

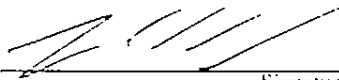
E. Effective date, if other than the date of filing: _____ (optional)

(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 June 21, 2019



Signature of a member or authorized representative of a member

EMERSON G. MATOCANOVIC

Typed or printed name of signee