

118000128851

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

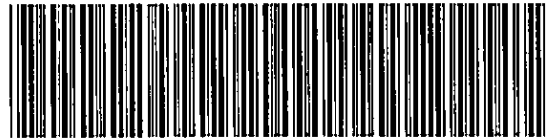
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATION
18 JUN -6 PM 12:46

N. COOPER

JUN 07 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Clean Concepts Cleaning Crew 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:

Carla Matthews

Name of Person

Clean Concepts Cleaning Crew LLC

Firm/Company

2827 Strawberry Terrace

Address

North Port, Fl. 34286

City/State and Zip Code

carlascleanconcepts@gmail.com

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

For further information concerning this matter, please call:

Carla Matthews

941 780-0100
at ()

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

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>
AMBR	Cayla Mckenzie	2244 Penguin Ln.	<input type="checkbox"/> Add
		North Port, Fl.	<input checked="" type="checkbox"/> Remove
		34286	<input type="checkbox"/> Change
AMBR	Kimberly Scott	2827 Strawberry Terrace	<input type="checkbox"/> Add
		North Port, Fl.	<input checked="" type="checkbox"/> Remove
		34286	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

18 JUN -6 PM 12:46

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DIVISION OF CORPORATIONS

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 4, 2018

Carla M. [Signature]
Signature of a member or authorized representative of a member

Carla Matthews

Typed or printed name of signee