

L18000 138111

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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D. BRUCE  
JAN 09 2019

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SHOES OFF CLEANING SERVICES LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees) are submitted for filing.

Please return all correspondence concerning this matter to the following:

KARA PECK

Name of Person

SHOES OFF CLEANING SERVICES LLC

Firm/Company

1480 HAMMOCK RIDGE ROAD, 4310

Address

CLERMONT, FL 34711

City/State and Zip Code

KARA@SHOESOFFCLEANING.COM

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

For further information concerning this matter, please call:

LAURENCE PECK

Name of Person

at ( 352 )

Area Code

2519851

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

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2018 DEC 26 PM 4:31  
TALLAHASSEE, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

SHOES OFF 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 JUNE 4th 2018 and assigned  
Florida document number L18000138111.

This amendment is submitted to amend the following:

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

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)

**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:

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

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>
MGR	KARA PECK	1480 HAMMOCK RIDGE ROAD, 4310 CLERMONT, FL 34711	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

EXPLANATORY NOTE: THE OWNER OF THIS SMLLC ACTS AS  
HER OWN REGISTERED AGENT, AND THE CURRENT ARTICLES  
OF ORGANIZATION LIST HER HUSBAND AS THE MANAGER  
AUTHORIZED UNDER ARTICLE V.

THE FLORIDA DEPARTMENT OF REVENUE ADVISED THAT  
SHE NEEDED TO BE ADDED UNDER ARTICLE V IF SHE  
WANTED TO BE ABLE TO CORRESPOND WITH THEM  
REGARDING STATE TAXES OWED BY THE LLC, THUS  
THE AMENDMENT.

FILE  
2018 DEC 26 PM 4:31  
TALLAHASSEE, FLORIDA

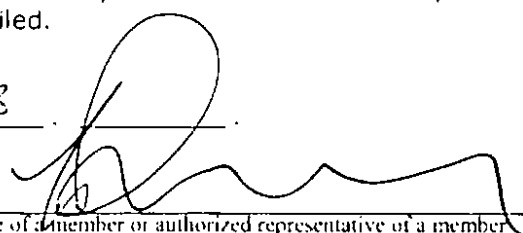
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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 THURSDAY 12.20.18

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

LAURENCE C PECK

\_\_\_\_\_  
Typed or printed name of signee