

**L18000151478**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

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S. PRATHER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 7, 2018

CLUCHELINE M. SANON  
4201 11TH ST SW  
LEHIGH ACRES, FL 33976

SUBJECT: HEALTHY LIVING CLEANING SERVICE LLC  
Ref. Number: L18000151478

We have received your document for HEALTHY LIVING CLEANING SERVICE 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):

Missing Page 3 of 3

If you have any questions concerning the filing of your document, please call (850) 245-6900.

Stacy Prather  
Regulatory Specialist III

Letter Number: 018A00016259

2018 AUG 27 AM 11:09

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Healthy Living Cleaning Service 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:

Clucheline Mozile Sanon  
Name of Person

\_\_\_\_\_  
Firm/Company

4201 11th St SW  
Address

Lehigh Acres, FL 33976  
City/State and Zip Code

Cluchelny2014@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Clucheline M. Sanon (239) 440-2862  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

*Healthy Living Cleaning Service 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 06/20/2018 and assigned  
Florida document number L18000151478

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 "LLC."

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>
AMBR	Cleichele, N. Sam	4201 11th St SW	<input checked="" type="checkbox"/> Add Lehigh, FL 33911
			<input type="checkbox"/> Remove
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[illegible]

**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.

Dated 06-20-2018

Signature of a member or authorized representative of a member

Typed or printed name of signee