L18000155678

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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M. MILLIGAN SEP 2 6 2018



September 5, 2018

SMART CLEANING USA, LLC ATTN: YUSNIEL ROMERO TORRES 411 N DONNELLY ST, STE 107 MT DORA, FL 32757-5597

SUBJECT: SMART CLEANING USA, LLC

Ref. Number: L18000155678

We have received your document for SMART CLEANING USA, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 318A00018326

Michelle Milligan Senior Section Administrator

COVER LETTER

TO:	Registration Sec Division of Corp		No. 318A00018326			
CUDI		EANING USA LLC				
SUBJ	ECT:	Name of Limit	ed Liability Company			
The er	sclosed Articles of A	Amendment and fee(s) are subn	nitted for filing.			
Please	return all correspor	ndence concerning this matter to	o the following:			
		YUSNIEL ROMERO TOR	RES			
		···	Name of Person			
	SMART CLEANING USA LLC					
Firm/Company						
		411 N DONNELLY ST STE 107				
		Address				
		MOUNT DORA, FL 32757	,			
The enclo Please ret For furthe YUSNIE			City/State and Zip Code			
		SERVICES@SMARTCLEA				
		E-mail address: (te	be used for future annual report notif	fication)		
For fu	rther information co	ncerning this matter, please cal	II:			
YUSN	VIEL ROMERO TO	DRRES	786 299-6333			
	Name of	Person	at () Area Code Daytime	e Telephone Number		
Enclos	sed is a check for the	e following amount: Lette	er No. 318A00018326			
□ \$2	5.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SMART CLEANING USA LLC		2018
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our reconited Liability Company)	rds.) and assigned
The Articles of Organization for this Limited Liability Comp. Florida document number	pany were filed on 06/25/2018	and assigned
This amendment is submitted to amend the following:		3 7
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 "LI	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES.	<u>S)</u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		ds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addr	wer
	, I	Florida 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>	Type of Action
MGR	EDUARDO D ESCOBAR	411 N DONNELLY ST STE 107, MOUNT DORA, FL 32757	□ Add
			Remove
			Change
MGR	ODALYS M TORRES FERNANDEZ	411 N DONNELLY ST STE 107, MOUNT DORA, FL 32757	Add
			■ Remove
			Change
			Remove
			Change
		-,	
			□ Remove
			🗆 Change
			Add
			Remove
			Change
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			□ Change

). If amend	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
			
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Effective	08/01/2018 e date, if other than the date of filing:		
(If an effect Note: If	tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pur the date inserted in this block does not meet the applicable statutory filing requirements, this date will it's effective date on the Department of State's records.	suant to 605 not be list	5.0207 (3)(t ed as the
the reco b) The 9	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on to the day after the record is filed.	the earli	er of:
Dated _			
	m/a	<i>≨a</i> r	2018
	Signature of a member of unhorized from the of a member	123 124 124 124 124 124 124	H SEP
	YUSNIEL ROMERO TORRES	(a) 21	P 17 P
	Typed or printed name of signee		PK !
	Page 3 of 3	の強い	

Filing Fee: \$25.00