

L180000162269

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

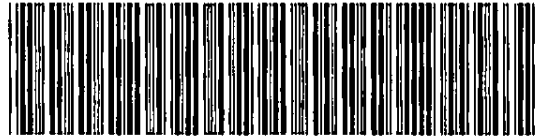
(Business Entity Name)

(Document Number)

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2022 MAR -9 AM 10:47

CLERK OF DISTRICT COURT  
JANUARY 1, 2022

C. BRUMBLEY  
MAR 29 2022

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Fresh Start Cleaning Solution 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:

Jovan Wallace

Name of Person

Fresh Start Cleaning Solution LLC

Firm/Company

21503 Olean Blvd

Address

Port Charlotte FL 33962

City/State and Zip Code

JovanWallace7@gmail.com

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

For further information concerning this matter, please call:

Jovan Wallace

Name of Person

at ( 941 )

Area Code

345-0658

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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

Fresh Start Cleaning Solution 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 July 3, 2018 and assigned Florida document number L18000162269.

This amendment is submitted to amend the following:

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

New Start Cleaning 360 Cleaning LLC

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)

21503 Olean Blvd

Port Charlotte FL 33952

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

21503 Olean Blvd

Port Charlotte FL 33952

**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:

Jovan Wallace

New Registered Office Address:

21503 Olean Blvd

Enter Florida street address

Port Charlotte

City

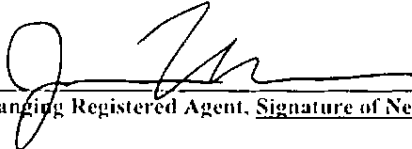
Florida

33952

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	Jovan Wallace	21503 dean blvd	<input checked="" type="checkbox"/> Add
		port charlotte fl 33952	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Jovan Wallace	21503 dean blvd port charlotte fl	<input checked="" type="checkbox"/> Add
		33952	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Dhurije Kerimi	21503 dean Blvd port charlotte fl	<input type="checkbox"/> Add
		33952	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Title <sup>AP</sup> Removal of Diturije Kerimi and Registered agent removal.  
~~and~~ change to Jovan Wallace for both.

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 March 1, 2022

  
Signature of a member or authorized representative of a member

Jovan Wallace

Typed or printed name of signee