118000169696

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	1
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



700316412627

18 AUG -7 AM 9: 23

N COOPER AUG 1 3 2018

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Vanessa Nicole's Clearing Service LCC 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:
Vanessa Couey Name of Person
Vanessa Nicole's Cleaning Service LL
POBOX 381
Melrose FL 32666 City/State and Zip Code Vanessa (Jeaning Service 876 Gmail. Co
For further information concerning this matter, please call:
Name of Person at QOY 210 - 3550 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S25.00 Filing Fee & Certified Copy (additional copy is enclosed)} \$\ \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \$\ \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \$\ \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \$\ \ext{Certified Copy (additional copy is enclosed)} \$\ Certified Copy (addition

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

(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records imited Liability Company)	
The Articles of Organization for this Limited Liability Cor	mpany were filed on	and assigned
Florida document number		•
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	d 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 ADDRE	<u> </u>	
		A AU
		G ⊀€ 1. 07Am
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		A RP CO
		STA RAT 9:
		70 JE 02 S
B. If amending the registered agent and/or registe registered agent and/or the new registered office addresses.		enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
		rida
	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 Address **Type of Action Title** Name 1 Vanessa Coury DO Bu ☐ Change □ Add ☐ Remove _□ Change _□ Add □ Remove _□ Change □ Add _□ Remove ☐ Change □ Remove _□ Change _□ Add ☐ Remove

□ Change

					<u> </u>			_
	<u> </u>		·					_
								_
	·							_
	<u>-</u>				<u>-</u>			_
		•						_
				_		-		_
	<u>_</u>		_			***************************************		_
							ಹ	NIO S
							AUG	SION
							-7	
		_				 -	P	TORPI
							_ -	_ 注述
							23	1004.
(If an effective <u>Note:</u> If the	late, if other than the e date is listed, the date must be date inserted in this block.	t be specific and ock does not n	f cannot be prior neet the applica		more than 90 days			
document s	s effective date on the Do	epartment of S	state's records.					
	specifies a delayed th day after the rec		late, but no	t an effective	time, at 12:	01 a.m. on t	he ear	rlier o
Dated	August	3	. 2018	<u>.</u> .				
	1 Tanes	29 C	Duly	1				
-		Signature of a	member or aptho	pized representati	ve of a member			

Page 3 of 3

Filing Fee: \$25.00