## 118000199602

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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2018 DEC 10 PM 2:01 SEÇRETARY DE SIAT



November 20, 2018

Ingrid T. Benson Ingrid's Clean & Glow LLC 21050 NW 14th Place, #206 Miami, FL 33169

SUBJECT: INGRID'S CLEAN & GLOW LLC

Ref. Number: L18000199602

We have received your document for INGRID'S CLEAN & GLOW 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).

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

Letter Number: 218A00023782

Lyn Shoffstall Bureau Chief

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: TNGRTD'S CLEAN & Glow LC.  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:	) - -
Ingred Benson	2:52
"TNGRITO'S CLEAN & Glow UC	1 2: 52
21050 NW 14Th place # 206	
Miami FLorida 35169 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Name of Person at (786) 237 5648  Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee Certificate of Status □ \$55.00 Filing Fee Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee. 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**

FILED

INGRIDS CLE	AN &	Glow	L AHO DEC	10 PM 2: 02	
North (Name of the Limited Liabile) (A Florid	lity Company as i la Limited Liability	t now appears on ou y Company)	r record <b>SEC</b> RETA TALLA	IRY OF STATE HASSEE, FL	
The Articles of Organization for this Limited Liability (					
Florida document number <u>L 18000199 60</u>		J	·		
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lin	nited liability e	ompany here:			
The new name must be distinguishable and contain the words "Lin	nited Liability Cor	npany," the designation	on "LLC" or the abbr	eviation "L.L.C."	
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADD	RESS)				
		****			
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)					
B. If amending the registered agent and/or registered agent and/or the new registered office ado		address on our 1	ecords, <u>enter tl</u>	ne name of the new	
Name of New Registered Agent:				<u> </u>	
New Registered Office Address:		<u> </u>			
	Enter Florida street address				
		·	, Florida	Zip Code	
New Registered Agent's Signature, if changing Registers		ity		гір Соав	
eren registeten argent s signature, il enanging Registere	AL AMERICA				

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>	Address	Type of Action
M6R	Elcy Jimenez	1655 XW 157 Th Avence	<b>Q2</b> Add
	J	pemionoke pines	□ Remove
		Florida 33027	Change
			🗆 Remove
			Change
			🗆 Add
			□ Remove
			_□ Change
		<del> </del>	_□ Add
			_□ Remove
			Change
			_□ Add
			_□ Remove
			_□ Change
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			_□ Change

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E. Effective date, if other than the date of filing:	
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier ( (b) The 90th day after the record is filed.	of:
Dated <u>December 2nd</u> . 2018.	
Signature of a member of authorized representative of a member	
s d O = -	
Typed or printed name of signee	

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Filing Fee: \$25.00