118000286048

(Requestor's Name)	
(Address)	_
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only



700322052737

01/11/19--01006--005 ++25.06

THE PH 6: 0

JAN 1 7 2019

S. YOUNG

COVER LETTER

TO: Registration Se Division of Cor			
SPARKLE. SUBJECT:	AN CLEANING LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	TONY A GIULIANO		
	SPARKLEAN CLEANING	Name of Person	
	SI ARREDAN CELANIN		
	28040 DOVEWOOD CT #	Firm/Company 105	
	BONITA SPRINGS. FL 3-	Address 4135	
		City/State and Zip Code	
	E-mail address: (to be used for future annual report not	ification)
For further information e	oneerning this matter, please ca	ıtl:	
TONY A GIULIANO		239 888-3588 at ()	
Name o	f Person		ne Telephone Number
Enclosed is a check for the	he following amount:		
\$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.0t) 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

SPARKLEAN CLEANING LLC		
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	ompany were filed on 12/13/2018	and assigned
Florida document number L18000286048		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the designation "LLC" o	or the abbreviation "L,L,C,"
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDR	ESS)	
		11 11 11
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BON)		
		<u></u>
		(E) (C)
 If amending the registered agent and/or registered agent and/or the new registered office addr 	tered office address on our records, ress here:	enter the name of the n
egistered agent und/or the new registered office distri	(33 HCTC)	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	
	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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	MANUEL F SOTELO	28030 DOVEWOOD CT # 304 BONITA SPRINGS, FL 34135	
			Remove
			Change
			Add
			☐ Remove
			Change
			□ Remove
			☐ Change
			☐ Remove
			☐ Change
			☐ Remove
			Change
			□ Remove
			☐ Change

							
							
	<u>'Kleas</u>	se remo	we Ma	s ovel S	olelo a	sa title	s manage
				<u>.</u> .			
_			- · ·				
	-						-
			·-		_	_	
							
	·			<u></u>			
						<u></u>	
					_		
<u>ite:</u> If	f the date inserte	than the date u the date must be spee d in this block doc te on the Departme	is not meet the	applicable statu	filing or more tha story filing requ	(optional n 90 days after filing irements, this date) g.) Pursuant to 605.020 will not be listed a
		e delayed effec r the record is		ut not an eff	ective time,	at 12:01 a.m.	on the earlier
	JANUARY 3		2019				
ited				 ·			
ited		$ \omega$	Λ·				
ited	Vor	ry Signatu Signatu	lico are of a member o	or authorized repo	resentative of a m	ember	

Page 3 of 3

Filing Fee: \$25.00