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COVER LETTER

Division of C			
	HANDS-ON CLEANING SERV	ICE LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	EDINA ENGEL		
		Name of Person	
		Firm/Company	
	522 SHADY PINE WAY,	UNIT DI	
		Address	
	GREENACRES, FL 33415	5	
	EDINA.ENGEL@YAHOO	City/State and Zip Code .COM	
	E-mail address: (to be used for future annual report notifi	cation)
For further informatio	n concerning this matter, please ca	all:	
EDINA ENGEL		561 704-1090 at ()	
Nam	e of Person	Area Code Daytime	Telephone Number
Enclosed is a check fo	r 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)
<u>Mailing Add</u> Registratio		Street Address: Registration Sec	tion

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

2020 f. 128 Pri 2:43

GREEN HANDS-ON CLEANING SERVICE 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 Com	pany were filed on 01/14/2019	and assigned
Florida document number L19000014756		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l 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		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	ffice address on our records, <u>ent</u>	
New Registered Office (Manage).	Enter Florida street addi	ress
	, I	Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered A	gent:	
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compacted the obligations of my position as registered agen being filed to merely reflect a change in the registered of company has been notified in writing of this change.	plete performance of my duties, it as provided for in Chapter 605	and I am familiar with and i, F.S. Or, if this document is

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 22 PH 2: 43	Type of Action
MGR	RAUL O ENGEL	522 SHADY PINE WAY UNIT DI	□ Add
		GREENACRES, FL 33415	Remove
			□Change
			□Add
			□Remove
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ctive date, if other than the effective date is listed, the date mus	date of filing:		(opt	ional)
effective date is listed, the date mus e: If the date inserted in this bl	t be specific and cannot be prio	r to date of filing o	r more than 90 days aft ting requirements, th	er filing.) Pursuant to 605.02 sis date will not be listed
ment's effective date on the D			inig requirements, a	ns date with not be fisted.
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ord specifies a delayed effectiv filed.	e date, out not an effective i	mng, at 12101 2.1	m. On the earlier of:	or the some day ance in
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75)		<u>→</u>		
			 	
	Signature of a member or auth	wijzed representa	tive of a member	

Filing Fee: \$25.00