

L19 000056835

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

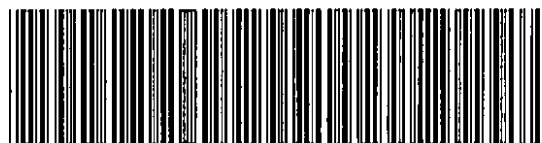
(Business Entity Name)

(Document Number)

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STILKER  
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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: A Beautiful Touch Cleaning Services  
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:

Ashley Start  
Name of Person

A Beautiful Touch Cleaning Services  
Firm/Company

2811 SW Archer Rd Apt W199  
Address

Gainesville FL 32608  
City/State and Zip Code

info@abeautifultouchcleaning.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ashley Start at (352) 231-2023  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

A Beautiful Touch Cleaning Services 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 02/27/19 and assigned  
Florida document number L19000056835

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:  
(Principal office address MUST BE A STREET ADDRESS)

2811 SW Archer Rd Apt W199  
Gainesville FL 32608

Enter new mailing address, if applicable:  
(Mailing address MAY BE A POST OFFICE BOX)

2811 SW Archer Rd Apt W199  
Gainesville FL 32608

**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:

Ashley Stuart

New Registered Office Address:

2811 SW Archer Rd Apt W199

Enter Florida street address

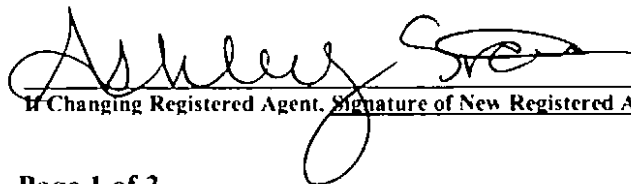
Gainesville, Florida 32608

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Tracy Weeks	2611 NE 10th Terr	<input type="checkbox"/> Add
		Gainesville, FL 32609	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Brittany Stout	5715 SW 10th Pl	<input checked="" type="checkbox"/> Add
		Gainesville, FL 32607	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ASHLEY STOUT	2811 SW ARCHER RD	<input type="checkbox"/> Add
		Apt W199	<input type="checkbox"/> Remove
		Gainesville / FL 32608	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Ashley Stout will have 50%  
Share and Brittany Stout will  
have 50% Share

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 October 16, 2019.

Ashley Stout

Signature of a member or authorized representative of a member

Ashley Stout

Typed or printed name of signer