

L19000058223

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

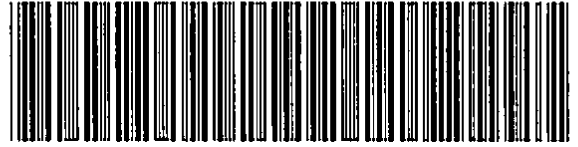
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/06/19--01027--027 **25.00

FILED

2019 JUN -3 PM 1:42

FILED

FILED

JUN 04 2019

JUN 11 2019

T. L. LEUX

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Best European Cleaning Service LLC

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:

Gabriella Szabo

Name of Person

Best European Cleaning Service LLC

Firm/Company

940 Pipers Cay Dr

Address

West Palm Beach FL 33415

City/State and Zip Code

gabriellaszabo1128@gmail.com

E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Gabriella Szabo

561 718-2167

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for 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)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 15, 2019

GABRIELLA SZABO
940 PIPERS CAY DR
W PALM BEACH, FL 33415

SUBJECT: BEST EUROPEAN CLEANING SERVICE LLC
Ref. Number: L19000058223

We have received your document for BEST EUROPEAN CLEANING SERVICE LLC and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

On the 2nd page of the amendment who are you removing and who are you adding?

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 219A00009838

RECEIVED

2019 JUN -3 PM 2:21

SECRET
TALLAHASSEE

**TO
ARTICLES OF ORGANIZATION
OF**

Best European Cleaning Service

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

FILED

The Articles of Organization for this Limited Liability Company were filed on 02-28-2019 and assigned
Florida document number L1900058223

2019 MAR -3 P 1:42

TALLAHASSEE, FLORIDA

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter Florida street address

_____, **Florida**
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

or removed from our records:

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-----------------|--|--|
| PRE | Gabriella Szabo | 940 Pipers Cay Dr West Palm Beach FL, 33415 | <input type="checkbox"/> Add |
| | | | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | Gabriella Szabo | 940 Pipers Cay Dr West Palm Beach FL, 33415 | <input checked="" type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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