## L19000196326

(Requestor's Name)	
(Address)	800362875578
(Address)	000302073370
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	B2 <b>S2 급용연동학교기공급</b> , 49
(Business Entity Name)	
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Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	10000 TELEN (1900) SERVICE (1900)
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Office Use Only

March 16, 2021

PERFECTLY CLEAN HOMES LLC C/O ANASTASIA SHERIDAN 5210 MAHOGANY RIDGE DR NAPLES, FL 34119

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Subject: PERFECTLY CLEAN HOMES LLC

RE: 221A00005489

We have received your document for the above Fictitious Name and your check(s) totaling \$90.00; however, the document has not been filed and is being returned for the following:

Amendment spores
Amendment spores
Every resubmitted.

This form is for registration/cancellation of a fictitous name ONLY.

We are enclosing the proper form(s) with instructions for your convenience.

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

Should you have any questions regarding this matter you may contact our office at  $(850)\ 245-6058$ .

ANDREA I PARISHANI Reinstatement Section Division of Corporations Letter No. 221A00005489

www.sunbiz.org Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida

## **COVER LETTER**

TO: Registration Sec Division of Corp			
subject: A.S.		S Cleaning ited Liability Company	L.L.C.
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Anastasi	a Sheridar Name of Person	`
	A.S. Meti	CULOUS Clea	aning L.L.C.
	5210 Ma	hogany Rid	ge Dr.
	Maples	FL 34/19 City/State and Zip Code	
	E-mail address: (	to be used for future annual report noti-	fication)
For further information ec	oncerning this matter, please c	alt:	
Anastasia Name of	Sheridan	at (239) 404 Area Code Daytime	1 – 5722 e Telephone Number
Enclosed is a check for th	e 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 S Division of Co	ection	<u>Street Address:</u> Registration Sec Division of Cor	
P.O. Box 632	7	The Centre of T	'allahassee
Tallahassee, F	レ 24314	2410 IN. MIONTO	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on August 1, 2019 and assigned Florida document number L1900196326.

This amendment is submitted to amend the following:

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

Perfectly Clean Homes LLC

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

## New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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

Naples Florida 34116

City Zip Code

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

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or effective date, if off or effective date is listed ote: If the date inse	ed, the date must be sp	pecific and car	unot be prior to	date of filing or	more than 90 da	(optional)  ys after filing.	) Pursuant to	605.020
cument's effective	date on the Departi	ment of State	e's records.	ne statutory ir	nng requireme	nts, this date	wiii not be i	nsted a
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Filing Fee: \$25.00