

L19 000 203 069

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

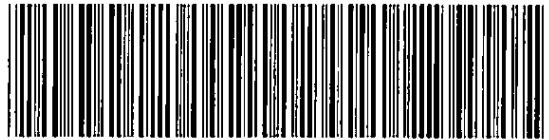
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Radiant Touch Cleaning Company 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:

Trikell S Johnson

Name of Person

Radiant Touch Cleaning Company LLC

Firm/Company

2271 Jeffcott St

Address

Fort Myers, FL 33901

City/State and Zip Code

radianttouch239@gmail.com

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

For further information concerning this matter, please call:

Trikell S Johnson

Name of Person

at (239) 672-9869

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 Address:

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**

Radiant Touch Cleaning Company 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 May 10th, 2024 and assigned Florida document number L19 000203069

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:

Troickell S Johnson

New Registered Office Address:

2071 Jeffcott St

Enter Florida street address

Fort Myers

City

, Florida

33901

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.

T. Johnson

If Changing Registered Agent, Signature of New Registered Agent

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

(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)

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 7/30/2024

T. Johnson

Signature of a member or authorized representative of a member

10/11/11 10/11/11

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 | Anthony Rose | 2271 Jeffcott St | <input type="checkbox"/> Add |
| | | ft myers florida 33901 | <input type="checkbox"/> Remove |
| | | | <input checked="" type="checkbox"/> Change |
| MGR | Anthony Rose | 2271 Jeffcott Street | <input checked="" type="checkbox"/> Add |
| | | fort myers, FL 33901 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | Trickell Johnson | 2271 Jeffcott St | <input checked="" type="checkbox"/> Add |
| | | Fort Myers, FL 33901 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
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