

L19000227026

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

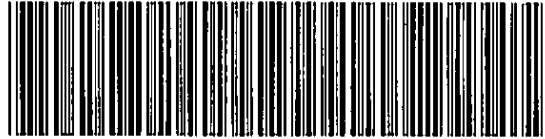
(Document Number)

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
NOV 04 2019 4:34 PM

Amend

NOV 04 2019

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ANTENOR'S PRESSURE WASHING 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:

Miguel A. Cajacuri
Name of Person

ANTENOR'S Pressure Washing Services
Firm/Company

4917 Walden Cir. Orlando
Address

Orlando, Florida, 32811
City/State and Zip Code

miguelcajacuri@gmail.com / mcajacuri@antenorspws.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Miguel Cajacuri at (321) 439-8280
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
19 OCT 28 PM 9:34



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 15, 2019

MIGUEL A CAJACURI
ANTENOR'S PRESSURE WASHING SERVICES
4917 WALDEN CIR.
ORLANDO, FL 32811

SUBJECT: ANTENOR'S PRESSURE WASHING SERVICES LIMITED
LIABILITY COMPANY
Ref. Number: L19000227026

We have received your document for ANTENOR'S PRESSURE WASHING SERVICES LIMITED LIABILITY COMPANY and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Foreign Limited Liability Company, but your entity is a Florida Limited Liability Company. Please complete and return the enclosed blank form(s).

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.

Diane Cushing
Senior Section Administrator

Letter Number: 219A00021236

RECEIVED

2019 OCT 20 11:33

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

ANTENOR'S Pressure Washing Services

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

FILED
IN THE
CLERK'S OFFICE
OF THE
STATE OF
FLORIDA
JAN 25 2019
TALLAHASSEE

The Articles of Organization for this Limited Liability Company were filed on 10/25/2019 and assigned
Florida document number L19000227026.

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

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	Miguel A. Cajacuri ³ Cajacuri	4917 Walden Cir, Orlando, FL 32811	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Miguel A Cajacuri	4917 Walden Cir, Orlando, FL. 32811	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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 10/25/2019

Signature of member or authorized representative of a member

MIGUEL A CATACURU

Typed or printed name of signee