

L19000227963

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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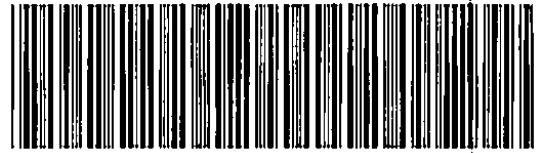
(Business Entity Name)

(Document Number)

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2019 SEP 25 AM 11:09

OCT 11 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HELANE'S CLEANING SERVICES 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:

HELANE DA CONCEICAO ALVES DA CRUZ

Name of Person

HELANE'S CLEANING SERVICES LLC

Firm/Company

5703 DOSINA LANE

Address

TAMPA, FL 33615

City/State and Zip Code

helane.alves@icloud.com

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

For further information concerning this matter, please call:

HELANE DA CONCEICAO ALVES DA CRUZ

813

802-7258

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

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

HELANE 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 09/09/2019 and assigned
Florida document number L19000227963.

This amendment is submitted to amend the following:

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

HELANE'S CLEANING SERVICES LLC

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)

HELANE DA CONCEICAO ALVES DA CRUZ

5703 DOSINA LANE

TAMPA, FL 33615

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
registered agent and/or the new registered office address here:**

Name of New Registered Agent:

HELANE DA CONCEICAO ALVES DA CRUZ

New Registered Office Address:

5703 DOSINA LANE

Enter Florida street address

TAMPA

City

Florida 33615

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 added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of</u>
MGR	HELANE DA CONCEICAO ALVES DA CRUZ	5703 DOSINA LANE TAMPA, FL 33615	<input type="checkbox"/> Add
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