

L19000 249 064

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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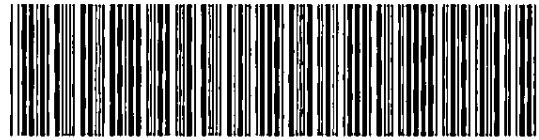
(Business Entity Name)

(Document Number)

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10/25/19--01007--031 **55.00

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REGISTRARS
OCT 26 2019

Amend

1 17
DO NOT

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Wagon & Sparky 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:

Tequilla T. Lettingham
Name of Person

Bosslady Enterprise
Firm/Company

5270 N. Orange Blossom Trl. apt. 103
Address

Orlando Fla 33810
City/State and Zip Code

Thebosslady305@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tequilla Lettingham at (305) 494-4958
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 checked="" 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
STATE
DIVISION OF
CORPORATIONS
JUN 11 2008

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

Klean & Sparky Cleaning Services LLC

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

RECEIVED
FLORIDA SECRETARY OF STATE
JAN 03 2019

The Articles of Organization for this Limited Liability Company were filed on 10/03/2019 and assigned
Florida document number L19000249064.

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)

5270 N. Orange Blossom Trl.
Suite 103
Orlando FL 32810

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. Box 607035
Orlando FL 32860

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:

Dor'shayna Freeman

New Registered Office Address:

7477 Groveoak Dr

Enter Florida street address

Orlando

City

Florida

32810

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.

Dor'shayna Freeman

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>
MGR	Tavares D. Freeman	5270 N. Orange Blossom Trl	<input type="checkbox"/> Add
	A. Tavares D. Freeman	Apt. 103	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Tegvillia T. Lettingham		<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 10/23/2019.

Signature of a member or author

Touilla Letingham

Typed or printed name of signee