119000291431

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
talk to Sonya on 4/16/20 add suffix Office Use Only
add suffix Office Use Only



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O SINT ONS
APR 16 2020



April 10, 2020

SONYA PIERRE 516 NW 3RD ST GAINESVILLE, FL 32601

SUBJECT: SONYA'S ROYALTY CLEANING SERVICE LLC

Ref. Number: L19000291431

We have received your document for SONYA'S ROYALTY CLEANING SERVICE LLC 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 name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.", also are no longer acceptable. Please amend your document accordingly.

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.

Letter Number: 620A00007662

Terri J Schroeder Regulatory Specialist III

COVER LETTER

TO: Registration Sec Division of Corp			•	
SUBJECT: SCOL	Jas Rajalty Name of Limi	ed Liability Company	120 FET - C.	!" 10: 55 CC
The enclosed Articles of A	amendment and fee(s) are sub-	nitted for filing.		
Please return all correspor	dence concerning this matter (to the following:		
	Sonya Pier	Name of Person		
	Sonya Pier Sonyas Ro	4a Hy Cleani	ng Sec	vice
	516 NW 3rd	Street Address		
	bainesville F	City/State and Zip Code		
	Sonya Pierro	o be used for future annual re	port notification)	
For further information co	oncerning this matter, please co	ાં!:		
Songa Pierra	Person	at (<u>352</u>) <u>40</u> Area Code	F=67-80 Daytime Telepho	one 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 enclo		\$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

Sonya S Boya (Name of the Limited)	Liability Comp Florida Limited	Dany as it now appears (Liability Company)	on our records.)		-	
The Articles of Organization for this Limited Liab Florida document number <u>190029143</u> 1		y were filed on \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	18/2019	and :	assigned	d
This amendment is submitted to amend the follow	ng:					
A. If amending name, enter the new name of th						
The new name must be distinguishable and contain the word	s Dimited Liah	oility Company," the desi	gnation "LLC" or the a	bbreviation	<u>2000</u> 1860 1860	
Enter new principal offices address, if applicable	le:	Na			#PR	
(Principal office address MUST BE A STREET &	(ADDRESS)				9	
				<u>-</u> .	70	
Enter new mailing address, if applicable:		NQ_		· -4	5:	•
(Mailing address MAY BE A POST OFFICE BO	<u>)X)</u>			, • ,		
B. If amending the registered agent and/or registered affice address b		address on our rec	ords, <u>enter the na</u> r	ne of the I	new reg	<u>istered</u>
Name of New Registered Agent:	va					
New Registered Office Address:	Na	Enter Floride	i street address			
			, Florida _			
•		Cuy		Zip Co	de	

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>	Address	Type of Action
μα			DAdd
			□Remove
			[] Change
			□ Add O20 Anove
			Remove 6
			Change 20 Add
			□Remove
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			□ Change
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		_	□Change
		<u> </u>	DAdd
			□Remove
			□Chanve

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	2: 10
	T = 10
ctive date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to	(optional)
e: If the date inserted in this block does not meet the application.	able statutory filing requirements, this date will not be liste
ament's effective date on the Department of State's records.	
	The state of the s
ord specifies a delayed effective date, but not an effective tir filed.	me, at 12:01 a.m. on the earlier of: (b) The sorn day after
ed 3/27/2 02 0	·
Sonya Pierce Typed or printe	

Filing Fee: \$25.00