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(Requestor's Name)
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PICK-UP WAIT MAIL
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(Document Number)
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## **COVER.LETTER**

Division of Corporations	
SUBJECT: M5. Dora's Professional Cleaning Name of Limited Liability Company	Service LIC
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Eldora MeNabb Name of Person	<u> </u>
Ms. Dora's Professional Clear Firm/Company	ning Service UC
Po. Box 459 Address	
Davenport, FL 33836-0450 City/State and Zip Code	N
MSDOYOSCIECNIAS Expire & hotmost lemail address: (to bused for future annual report noti	
For further information concerning this matter, please call:	
Eldora menabb at (863) 427 - Name of Person Area Code Daytim	-5606 Number D
Enclosed is a check for the following amount:  S25.00 Filing Fee  Certificate of Status  S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:  Registration Section  Street Address:  Registration Se	ction

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2020 M. \*\* -4 P.\*\* 12: 28

## FLORIDA DEPARTMENT OF STATE Division of Corporations

April 22, 2020

ELDORA MCNABB MS. DORA'S PROFESSIONAL CLEANING SERVICE 3601 BAKER DAIRY RD HAINES CITY, FL 33844

SUBJECT: MS.DORA'S PROFESSIONAL CLEANING SERVICE LLC.

Ref. Number: L20000051273

We have received your document for MS.DORA'S PROFESSIONAL CLEANING SERVICE LLC. and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Form you have completed is to change the registered agent. It appears that you are trying to change the title of the management so you have completed the wrong form. You need to file an amendment so please complete the attached form and return it to our office for processing.

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: 420A00008374

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on February 12, 2012 assigned Florida document number <u>1.200</u>0051273 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 "LLC". 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

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.

City

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
yGrm	Eldora Mª Neibb	PO. Box 459	□Add
		P.O. Box 459 Davenport, Fl 33836	□Remove
		MGR	Change
		MGRM	🗆 Add
			□Remove
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