# L2000005aa22

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	<del></del>
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		W/30

Office Use Only

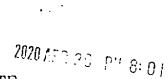


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## FLORIDA DEPARTMENT OF STATE Division of Corporations

April 16, 2020

HARVEY SABB III 5601 SW 21ST STREET WEST PARK, FL 33023

SUBJECT: SPARKLE MAXX PRESSURE CLEANING, LLC

Ref. Number: L20000052222

We have received your document and check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

The name and title of the person signing the document must be noted beneath or opposite the signature.

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: 120A00008070

Querida R Moore Regulatory Specialist II

www.sunbiz.org

## COVER LETTER

TO: Registration Se Division of Cor			
	xx Pressure Cleaning, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Harvey Sabb III		
		Name of Person	
		Firm/Company	
	5601 SW 21st Street		
		Address	
	West Park, FL 33023		
	keishahudson48@yahoo.co	City/State and Zip Code	
	E-mail address: (	to be used for future annual report notif	ication)
For further information e	oncerning this matter, please c	all:	
Harvey Sabb III		954 588-7510 at ( )	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	he 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 Addres Registration S Division of C P.O. Box 632 Tallahassee, I	Section Corporations	Street Address: Registration Sec Division of Corp The Centre of To 2415 N. Monroo Tallahassee, FL	porations allahassee : Street, Suite 810

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sparkle Maxx Pressure Cleaning,			
(Name of the Lim	ited Liability Company as (A Florida Limited Liabili	it now appears on our record ty Company)	<u>(s.</u> )
The Articles of Organization for this Limited I	Liability Company were	filed on 02/14/2020	and assigned
Florida document number L20000052222	·		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liability of	company here:	
The new name must be distinguishable and contain the	words "Limited Liability Co	ompany," the designation "LLC	or the abbreviation "LLC."
Enter new principal offices address, if appli	cable:		70 A
Principal office address MUST BE A STRE	ET ADDRESS)		2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
			<u> </u>
Enter new mailing address, if applicable:			<u></u>
Mailing address MAY BE A POST OFFICE	<u> </u>		<u> </u>
3. If amending the registered agent and/or agent and/or the new registered office addro		ess on our records, <u>enter</u>	the name of the new register
Name of New Registered Agent:	Keisha Hudson		
	5/01 (20/21 - 6-	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	5601 SW 21st Street	Enter Florida street address	v
	West Park		orida <sup>33023</sup>
		, r.c	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.

Kessele Huders

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

Title	<u>Name</u>	Address	Type of Action
MGR	HARVEY SabbTI	5601 SW21St WestPark F1. 33	(5/Add
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an effec ote:	the date, if other than the date of filing:
ecord is file	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
ited _	4/24/2020
	JS10/ 14
	Rignature of a member or authorized representative of a member