

L20 000068954

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

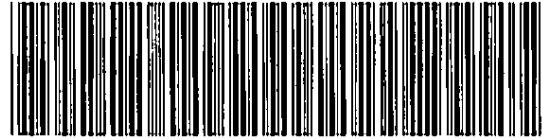
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2020 AUG -7 AM 7:08
SECRETARY OF STATE
TALLAHASSEE, FL

D. BRUCE
SEP 28 2020

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TWINS CLEANING SOLUTION 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:

BARBARA VARELA

Name of Person

TWINS CLEANING SOLUTION LLC

Firm/Company

2325 W 60 ST UNIT 203

Address

HIALEAH, FL, 33016

City/State and Zip Code

BVARELA19@YAHOO.COM

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

For further information concerning this matter, please call:

BARBARA VARELA

Name of Person

at (305) 409-2981

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 Address:

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

SECRET
TALLAHASSEE, FL

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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	ENIG LLORENS MEDRANO	8043 W 36TH APT 3, HIALEAH, FL 33018	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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SECRET
NOFORN
2020 APR - 7
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 7-1-98 BY 60322 UCBAW/STP

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

2020 AUG -7 AM 7:08
SECURITY DATE
TALLAHASSEE FL

2020 AUG -7 AM 7:08
SECRET//NOFORN//DATE
TALLAHASSEE FL

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 AUGUST 02 2020



Signature of a member or authorized representative of a member

BARBARA VARELA

Typed or printed name of signee

Filing Fee: \$25.00