

120 0000 94343

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

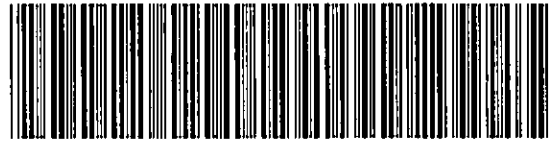
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

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JUN 22 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: You Can Count on US Cleaning Service (Commercial, Residential, A
Name of Limited Liability Company Industrial) LLC

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Shambria Polk
Name of Person

You Can Count on US Cleaning Service (Commercial, Residential
Firm/Company And Industrial) LLC

4118 Sue Lane
Address

Panama City Florida 32404
City/State and Zip Code

PolkShambria2019@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shambria Polk at (850) 760-3134
Name of Person 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

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

You can count on us Cleaning Service (Commercial, Residential
(Name of the Limited Liability Company as it now appears on our records.) And Industrial) LLC
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on April 1 2020 and assigned
Florida document number L20000094343.

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)

4118 Sue Lane
Panama City Florida 32404
PO Box 37171
Panama City Florida 32412

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TALLAHASSEE, FL
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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:

Shambria Pouch

New Registered Office Address:

4118 Sue Lane

Enter Florida street address

Panama City

City

Florida 32404

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.

Shambria Pouch

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	Shambric Polk	4118 Sue Lane Panama City	<input checked="" type="checkbox"/> Add
		Florida 32404	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Trevel Robinson	4118 Sue Lane Panama City	<input type="checkbox"/> Add
		Florida 32404	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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

I would like for Shambric Palk Be The
only one on This Paperwork And For
Trevell Robinson To Be Removed AS of
June 03, 2020 Thank You
Shambric Palk

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SECRETARY OF STATE
TALLAHASSEE, FL

E. Effective date, if other than the date of filing: June 03 2020 (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 June 03 2020

Shambric Palk

Signature of a member or authorized representative of a member

Shambric Palk

Typed or printed name of signer