

•
(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
(Only/State/Zip/Filone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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R. WHITE MAY 18 2020

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Connect 2 Pro Cleaners 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:	
Shardae Michelle Lyles Name of Person	
Connect 2 Pro Cleaners Firm/Company	
6901 N GTH Avenue #576	
Pensacola F1 32504 City/State and Zip Code	
admin@connect 2 procleaners.com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Shardae M. Lyles at (850) 895 - 9933 Name of Person Area Code Daytime Telephone Number	-
Enclosed is a check for the following amount:	
✓ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy tadditional copy is enclosed)	atus &

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

ny as it now appears on our records.) iability Company)
were filed on April 29, 2020 and assigned
ility company here:
hity Company," the designation "LLC" or the abbreviation "L.L.C."
Pensacola F1,32504
Le 901 N 9TH Avenue #576 Pensacola F1 32504
address on our records, enter the name of the new registers
Enter Florida street address
Enter Florida street address Florida City Zip Code

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Yaniquea Kaona Gray	1500 East Johnson Avenue	MAdd
		# 108	□Remove
		Punsacola FI 325/4	□ Change
			□Add
			□Remove
			□ Change
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		<u> </u>	🗀 Remove
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fan effectiv <mark>Note:</mark> If t	date, if other than the date of filing: (optional) ive 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 605.020 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed at 's effective date on the Department of State's records.
record sp I is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated	April 29 70 70 Signature of a member or authylized representative of a member