

L20 000140 008

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

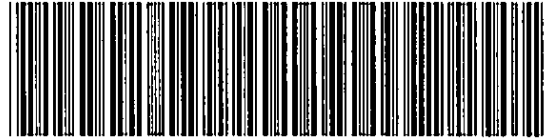
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED

JUL 21 2020

07/24/20--01027--010 **35.00

FILED

2020 OCT 13 PM 3:26

CLERK OF SUPERIOR COURT
JANIS L. HARRIS, CLERK
1000 10TH AVENUE, SUITE 1000
DENVER, CO 80202

OCT 19 2020

S. YOUNG



2020 09 03 15:13

FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 3, 2020

ENA ARIAS
ORPEL ACCOUNTING & TAX P.A.
2671 S COUSE DRIVE #109
POMPANO BEACH, FL 33069

SUBJECT: BACTERKLEAN LLC
Ref. Number: L20000140008

We have received your document for BACTERKLEAN LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

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.

Shelia S Young
Regulatory Specialist II

Letter Number: 420A00016924

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bacterklean 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:

Ena Arias
Name of Person

Oropu Accounting & Tax P.A.
Firm/Company

2671 So Course Dr. # 109
Address

Pompano Beach FL 33069
City/State and Zip Code

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

For further information concerning this matter, please call:

ENA ARIAS at (540) 629-3120
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|---|--|--|--|

(Already Paid)

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**

Backerkloan LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2020 OCT 13 PM 3:26
CLERK OF THE CIRCUIT COURT
IN AND FOR THE COUNTY OF
DADE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on _____ and assigned

Florida document number L2 000014 0008

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(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:

N/A

New Registered Office Address:

Enter Florida street address

_____, Florida _____

City

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.

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>
<u>P</u>	<u>Kadhim Maytham</u>	<u></u>	<u> </u> <input type="checkbox"/> Add
	<u>(Just change title)</u>	<u></u>	<u> </u> <input type="checkbox"/> Remove
		<u></u>	<u> </u> <input checked="" type="checkbox"/> Change
<u>VP</u>	<u>Ana M. Leon</u>	<u></u>	<u> </u> <input checked="" type="checkbox"/> Add
		<u></u>	<u> </u> <input type="checkbox"/> Remove
		<u></u>	<u> </u> <input type="checkbox"/> Change
<u></u>	<u></u>	<u></u>	<u> </u> <input type="checkbox"/> Add
		<u></u>	<u> </u> <input type="checkbox"/> Remove
		<u></u>	<u> </u> <input type="checkbox"/> Change
<u></u>	<u></u>	<u></u>	<u> </u> <input type="checkbox"/> Add
		<u></u>	<u> </u> <input type="checkbox"/> Remove
		<u></u>	<u> </u> <input type="checkbox"/> Change
<u></u>	<u></u>	<u></u>	<u> </u> <input type="checkbox"/> Add
		<u></u>	<u> </u> <input type="checkbox"/> Remove
		<u></u>	<u> </u> <input type="checkbox"/> Change
<u></u>	<u></u>	<u></u>	<u> </u> <input type="checkbox"/> Add
		<u></u>	<u> </u> <input type="checkbox"/> Remove
		<u></u>	<u> </u> <input type="checkbox"/> Change

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

N/A

E. Effective date, if other than the date of filing: 10/01/2020 (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

10/6/2020

Signature of a member or authorized representative of member

Era Arias

Typed or printed name of signer

Era Arias