

L20000 176223

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

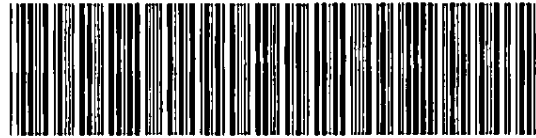
(Business Entity Name)

(Document Number)

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2020 AUG 10 AM 11:53  
SECRETARY OF STATE  
TALLAHASSEE, FL

D. BRUCE  
SEP 29 2020

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SECOND 2 NONE DETAILING & PRESSURE CLEANING 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:

ALINE JOSEPH

Name of Person

SECOND 2 NONE DETAILING & PRESSURE CLEANING LLC

Firm/Company

1194 N. STATE RD 7 APT. 410

Address

LAUDERHILL, FL. 33311

City/State and Zip Code

ash\_den9296@yahoo.com

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

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TALLAHASSEE, FL

For further information concerning this matter, please call:

ALINE JOSEPH

954

263-7792

at ( )

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**

SECOND 2 NONE DETAILING & PRESSURE CLEANING LLC

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

The Articles of Organization for this Limited Liability Company were filed on 06/24/2020 and assigned  
Florida document number L20000176223.

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 "LLC."

**Enter new principal offices address, if applicable:**

(Principal office address MUST BE A STREET ADDRESS)

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

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TALLAHASSEE FL  
SECRETARY OF STATE

**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:

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>
AMBR	JOSEPH, ALINE	1194 N. STATE ROAD 7	<input type="checkbox"/> Add
		APT. 410	<input type="checkbox"/> Remove
		LAUDERHILL, FL. 33313	<input checked="" type="checkbox"/> Change
MGR	ETIENNE, LYNDEN ILDENT Jr.	1194 N. STATE ROAD 7	<input checked="" type="checkbox"/> Add
		APT. 410	<input type="checkbox"/> Remove
		LAUDERHILL, FL 33313	<input type="checkbox"/> Change
MGR	ETIENNE, ASHLEY	1194 N. STATE RD 7	<input type="checkbox"/> Add
		APT. 410	<input checked="" type="checkbox"/> Remove
		LAUDERHILL, FL 33313	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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2027 AUG 10 AM 11:53  
SEAL  
CLERK OF DISTRICT COURT  
JULIA L. LEE, CLERK

2020 AUG 10 AM 11:34  
FEDERAL BUREAU OF INVESTIGATION  
TALLAHASSEE, FL

2020 AUG 10 AM 11:34  
GEOMETRIC OPTICS  
TALLAHASSEE FL

71

(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)

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 7, 2020

Signature of \_\_\_\_\_

Signature of a member or authorized representative of a member

ALINE JOSEPH

Typed or printed name of signee