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(Re	equestor's Name)	
(Ad	ldress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to		

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JUN 07 2021 I ALBRITTON

Sunshine State Corporate Compliance Company .

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 5/28/2021				**WALK IN**
ENTITY NAME SPOTTE	ST PAINTING AND PRE	SSURED CLEANI	NG SERVICES I	
DOCUMENT NUMBER				
	PLEASE FILE THE ATT	TACHED AND RETUR	PN	
XXXX	Plain Copy			PRAIR 10
	Certified Copy Certificate of Status			11.3
** <i>p</i>	LEASE OBTAIN THE FOLLOW Certified Copy of Arts & Am Certificate of Good Standing	·	E ENTITY**	etn∯tenatio.÷
	APOSTILLE' / NOTAK	RIAL CERTIFICATION	DN	
COUNTRY OF DESTINATI NUMBER OF CERTIFICAT				-
TOTAL OWED \$25.00			#: I20160000072	·
Please call Tina at th	e above number for any is		_	much!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Spottess Painting and Pressured Cleaning Services LIC
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:

Antonio Shiggs Name of Petson
Spotless Parting and Pressured Cleaning Services Lice
2831 NW 184th St Address
Miami, FL 33056 City/State and Zip Code
E-mail address: (to be used for feture annual report notification)

For further information concerning this matter, please call:

Area Code Dayrime Telephone Number

Eaclosed is a check for the following amount:

S25.00 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



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 1, 2021

SUNSHINE STATE CORPORATE COMPLIANCE COMPANY

SUBJECT: SPOTLESS PAINTING AND PRESSURED CLEANING SERVICES

LLC

Ref. Number: L20000180134

This will acknowledge receipt of your correspondence which is being returned for the following reason(s):

The document is illegible and not acceptable for imaging.

The document must be completed/submitted in its entirety as the 2nd page of the amendment form is missing.

ш α

Please return your document, along with a copy of this letter, within 60 days or your filingiwill be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245 6050.

irene Albeitton

Figuratory Specialist II

Letter Number: 321A00011804

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Spottess Partin Compa Name of the Limited Liability Compa (A Florida Limited)	Personal Cleaning on our records.) Liability Company)	ig <u>Ser</u> vices LLC
The Articles of Organization for this Limited Liability Company Florida document number 1200180124		
This amendment is submitted to amend the following:		0 1
A. If amending name, enter the new name of the limited liab	ility company here:	9, 3
Rou 5 Embre LLC The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "LLC."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	18117 Biscaure	1 11 4
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1817 Biocoure BI	17d #1355 18d9 33050
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the nai	me of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	。 1 并充分基础的
	Cin ² , Florida,	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 familian with and statutes 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

34n. 4. 2021 1:03FM 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>	Address	Type of Action
			CAdd
			□Remove
			□Change
			CAdd
			\MRemove ↔
			Change
			DRemove
			□ Change
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			Change
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			CRemove
		<u> </u>	

4 1,54

If amending any other information, enter change(s) here: (Attach additional sheets,	
	_
	<u> </u>
If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 d Note: If the date inserted in this block does not meet the applicable statutory filing requirement	_ (optional) lays after filing.) Pursuant to 605 020 ents, this date will not be listed a
document's effective date on the Department of State's records.	
e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlies	er of: (b) The 90th day erter the
rd is filed.	
Dated 05/29/2021,	
	, s. m. +4 +
Signature of a member or authorized representative of a member	ī
Antronic Do GG	

Filing Fee: \$25.00