# L20000189521

(Requestor's Name)	—
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	

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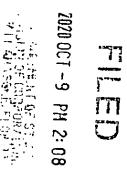


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#### FLORIDA DEPARTMENT OF STATE Division of Corporations

September 3, 2020

TASHIMA ADDERLY TEE BLESS HANDS CLEANING SERVICE LLC 2789 S DAKLAND FOREST DRIVE # 302 OAKLAND PARK, FL 33309

SUBJECT: TEEBLESSHANDS LLC

Ref. Number: L20000189521

We have received your document for TEEBLESSHANDS LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

ALL PAGES MUST BE MAILED. ONLY PAGE 1 OF 3 RECEIVED

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Letter Number: 720A00016956

Shelia S Young Regulatory Specialist II

www.sunbiz.org

### **COVER LETTER**

TO:	Registration Section Division of Corporations	
SUBJE	ECT: TEEBlESShands LLC	7
	Name of Limited Liability Con	pany
The enc	nclosed Articles of Amendment and fee(s) are submitted for filing.	
Please re	return all correspondence concerning this matter to the following	
	Tashima E. +	FLICE PLANTING
	TEE BIESS H	ands Clkaning SERVICELLL
	27895, Dakland	FOLKST DE#302
	Dakland Park	F/ 33309
	Dakland Pakk City/State and teeblesishands ay	tip Code I a hoo. Com
For furt	rther information concerning this matter, please call:	re annual report nonareation)
105	shima E. Addirly at (75) Name of Person Area (	4, 248-5844
	Name of Person Area C	ode Daytime Telephone Number
Enclose	sed is a check for the following amount:	
Ľ) \$25	25.00 Filing Fee Solution Status S55.00 Fi  Certificate of Status Certified (additional)	-

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 ADTICLES OF ODCANIZATION

ARTICLES OF	ORGANIZATION P
	OF 25 25
TEE BIESS HANDS LLC (Name of the Limited Liability Con (A Florida Linux)	npany as it now appears on our records.)
The Articles of Organization for this Limited Liability Compa Florida document number <u>L 20000 189521</u> .	ny were filed on July 4, 2020 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	ability company here:
TEEBIESSHANDS CIEANII The new name must be distinguishable and contain the words "Limited Lie	ability Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2789 S. DaKland FOREST DE#302
(Principal office address MUST BE A STREET ADDRESS)	2789 S. DaKland FOREST DE#302 DaKland Park Fl 39309
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	2789 S. Dakland Forest Dr. # 302 Dakland Park F/ 33309
30PNI 3NA/Ar the new remetered attice address kees.	e address on our records, enter the name of the new registered
Name of New Registered Agent: 1ash	5. Dukland Forest Da #302  Enter Florida street address  23204
New Registered Office Address: 2 189	5. Dakland Forest Da #302
DaKla	Enter Florida street address  (Nd Park K, Florida 33304  City Zip Code
	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

2

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 Type of Action Title Name Address NIGERIA LIVINGSTON 4311 NW 23 COURT DAW Laudrehill F/ 33313 DRemove Claudia Livingston 4311 NW 23 COURT JANGE Laudkehill Fl 33313 DRemove \_\_\_\_\_ Change \_\_\_\_ DChange . \_ \_\_ Cladd

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r effective date i te: H'the date	s listed, the date must be sinserted in this block	specific and cannot does not meet th	be prior to date e applicable sta	at tung at more that stutory filing requ	irements, this	date will not be lis	is 1720 sted a
cument's effec	tive date on the Depar	tment of State's	records.				
	a delayed effective da	te, but not an eff	ective time, at	12:01 a.m. on the	earlier of: (b)	The 90th day aft	er the
is filed.	,						
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