

LA 0000 201705

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

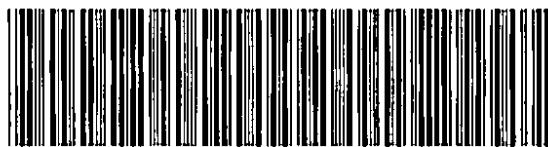
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2020 DEC 28 PM 1:58

LA 0000 201705



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 20, 2020

KELLY T. JOHNSON  
ANDREW'S ROOF CLEANING  
11360 SW 118ST  
MIAMI, FL 33176

SUBJECT: ANDREW'S EXTERIOR SOFT WASH  
Ref. Number: W20000133842

We have received your document for ANDREW'S EXTERIOR SOFT WASH and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

It appears that you are wanting to change the name of your LLC. If so please complete an Amendment form for a Limited Liability Company. If not, please contact me so that we can discuss your application.

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) 245-6052.

DANIEL L O'KEEFE  
Regulatory Specialist II

Letter Number: 320A00023501

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DIVISION OF CORPORATIONS  
STATE OF FLORIDA

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TO: Registration Section  
Division of Corporations

SUBJECT: Andrew's Roof Cleaning  
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:

Kelly T. Johnson  
Name of Person

Andrew's Roof Cleaning  
Firm/Company

11360 SW 118 ST  
Address

Miami FL. 33176  
City/State and Zip Code

KtJohnson71@hotmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kelly Johnson at (305) 951-3039  
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

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**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>
_____	_____	_____	<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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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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 RECEIVED  
 DEPT. OF REVENUE  
 TAX SERVICES DIVISION  
 1000 PENNSYLVANIA AVE  
 HARRISBURG, PA 17103

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

all info is same. Only Changing  
name of business.

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (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 November 30<sup>th</sup> 2020

Kelly J. Johnson  
Signature of a member or authorized representative of a member

Kelly J. Johnson  
Typed or printed name of signer