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(Req	uestor's Name)	
(Addı	ress)	
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(City/	State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
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(Docu	ument Number)
Certified Copies	Certificate	s of Status
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Office Use Only



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2022 JUL 21 AM 9: 29
WILLIAMSSEE, FLORIDA

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S. PRATHE



June 24, 2022

FANCY HOUSE AID SERVICE, LLC PEARLET CURTIS 4705 PIER DRIVE GREENACRES, FL 33463 US

SUBJECT: FANCY HOUSE AID SERVICE, LLC

Ref. Number: L20000222759

We have received your document for FANCY HOUSE AID SERVICE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L22000189083.

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) 245-6939.

Letter Number: 322A00014358

Stacy Prather Regulatory Specialist III

www.sunbiz.org

COVER LETTER

	Registration Se Division of Cor			
SUBJEC		ANCY HOUSE AID SERVICE	E. LLC	
OIRIIX		Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		PEARLET CURTIS		
			Name of Person	
		FANCY HOUSE AID SER	RVICE, LLC	
			Firm/Company	
		4705 PIER DRIVE		
			Address	· · · · · ·
		GREENACRES, FL 33463	i.	
			City/State and Zip Code	
		fancyhouse2020@gmail.cor		
		E-mail address: (t	to be used for future annual report notif	ication)
For furth	er information c	oncerning this matter, please ca	all:	
PEARLI	ET CURTIS		954 850-7982 at ()	
	Name o	f Person	Area Code Daytime	: Telephone Number
Enclosed	l is a check for th	ne 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

FANCY HOUSE AID SERVICE, LLC	HS. B
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	FLORID and assigned
	: 29 ATE
The Articles of Organization for this Limited Liability Company were filed on APRIL28, 2022	and assigned
Florida document number 1.20000222759	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
FANCY HOUSE CLEANING, LLC	
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:	
(Principal office address MUST BE A STREET ADDRESS)	
	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on our records, enter the na	me of the new registered
agent and/or the new registered office address here:	me or the new regeneres
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street address	
. Florida	

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.

City

Zip Code

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Remove
			[]Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			
			□Remove
			Change
			□Remove
			□Change
			______\\ \Add

_____ □Remove

rd is filed. Dated	·	2022	or a.m. on the earlie	con (o) The 90	un day aite	2022 JUL 21	
Effective date, if other than If an effective date is listed, the date Note: If the date inserted in the document's effective date on the erecord specifies a delayed effective date of the erecord specifies a delayed effective date.	is block does not med ne Department of Stat	et the applicable statu te's records.	tory filing requirement	nts, this date will	not be list	ed as t	
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Filing Fee: \$25.00