

L20000239551

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

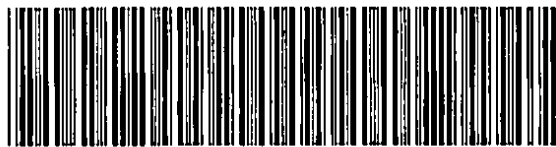
(Business Entity Name)

(Document Number)

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09/08/20--01014--005 **25.00

2020-09-08
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53

OCT 17 2020

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Teachout Specialized 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:

David Teachout

Name of Person

Teachout Specialized Cleaning, LLC

Firm/Company

1294 Larch Way

Address

Wellington, FL 33414

City/State and Zip Code

teachoutcleaning@gmail.com

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

For further information concerning this matter, please call:

Amy Teachout

239

691-8133

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

2218 - 10 FEB 53

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

This amendment is submitted to amend the following:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Wellington, FL 33414

Wellington, FL 33414

Zip Code

Samuel Black
If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

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

7:16 PM 05/10/53

E. Effective date, if other than the date of filing: 8/7/2020 (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

August 26th 2020


Signature of a member or authorized representative

Signature of a member or authorized representative of a member

David Teachout

Typed or printed name of signee

Filing Fee: \$25.00