

L20000253075

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

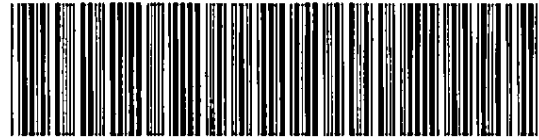
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**COVER LETTER**

TO: **Registration Section  
Division of Corporations**

SUBJECT: Classic Professional Cleaning Services, 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:

Felicia Williams  
Name of Person

Classic Professional Cleaning Service, LLC  
Firm/Company

(Mailing)

P.O. Box 2263  
Address

Riverview, FL 33568  
City/State and Zip Code

trulybe37@gmail.com  
E-mail address: (to be used for future annual report notification)

(physical)  
7716 Rock Palm  
Ave #101  
Tampa, FL. ~~33610~~  
33615

For further information concerning this matter, please call:

Felicia Williams at (813) 446-2414  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 30, 2021

FELICIA L. WILLIAMS  
P.O. BOX 2263  
RIVERVIEW, FL 33568

SUBJECT: CLASSIC PROFESSIONAL CLEANING SERVICE,LLC  
Ref. Number: L20000253075

We have received your document for CLASSIC PROFESSIONAL CLEANING SERVICE,LLC and your check(s) totaling \$53.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Limited Partnership, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

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.

Irene Albritton  
Regulatory Specialist III

Letter Number: 321A00023738

Name change to LLC

10/9/21 I have corrected the forms as you requested I filed out int cn. Please see next pages stapled together. I am changing the name of my ~~company~~ LLC

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Classic Professional Cleaning Service, LLC

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

The Articles of Organization for this Limited Liability Company were filed on August 18, 2020 and assigned Florida document number L20000253075

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Classic Professional Services, LLC

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

**Enter new principal offices address, if applicable:**

*(Principal office address MUST BE A STREET ADDRESS)*

7716 Rock Palm Ave 101  
Tampa, FL 33615

**Enter new mailing address, if applicable:**

*(Mailing address MAY BE A POST OFFICE BOX)*

P.O. Box 2263  
Riverview, FL 33568

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

*Enter Florida street address*

\_\_\_\_\_, Florida \_\_\_\_\_

*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**

OCT 12 PM 2:12  
FILED



