

L20000312229

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

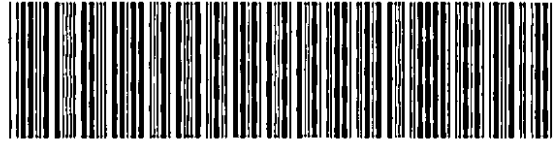
Customer Called to
Change Information (Gins)
12/9/20

Name (new)

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L06-53727

Office Use Only



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FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 7, 2020

JASMINE SMITH
401 PUTHAM DR
#1433
TALLAHASSEE, FL 32301

SUBJECT: CLEANING TO SHINE CLEANING SERVICES LLC
Ref. Number: L20000312229

We have received your document for CLEANING TO SHINE CLEANING SERVICES 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 L06000053727.

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.

Octavia L Simmons
Regulatory Specialist II Supervisor

Letter Number: 320A00024497

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cleaning to Shine Cleaning Services
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:

Jasmine Smith
Name of Person
JJA Management LLC
Firm/Company
401 Putnam Dr. 1433
Address
Tallahassee FL 32301
City/State and Zip Code
Management@jasziczorp.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jasmine Smith at (850) 347-0740
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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Cleaning to Shine Cleaning Services 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 October 2, 2009 and assigned Florida document number 20000312229.

This amendment is submitted to amend the following:

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

Terrell & Gina Professional Services 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**)

1235 Providence Blvd
Ste R # 504
Deltona, FL 32729

Enter new mailing address, if applicable:

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

1235 Providence Blvd
Ste R # 504
Deltona, FL 32729

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

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> |
|--------------|-----------------------|-----------------------------|--|
| <u>AP</u> | <u>Jasmine Smith</u> | <u>401 Putnam Dr.</u> | <input type="checkbox"/> Add |
| | | <u>Tallahassee FL 32301</u> | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| <u>MGR</u> | <u>Gina Gerencio</u> | <u>1235 Providence Blvd</u> | <input type="checkbox"/> Add |
| | | <u>Ste R H 504</u> | <input type="checkbox"/> Remove |
| | | <u>Deltona FL 32729</u> | <input checked="" type="checkbox"/> Change |
| <u>MGR</u> | <u>Terrell Cusack</u> | <u>1235 Providence Blvd</u> | <input checked="" type="checkbox"/> Add |
| | <u>Thomas</u> | <u>Ste R H 504</u> | <input type="checkbox"/> Remove |
| | | <u>Deltona FL 32729</u> | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
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[illegible]

(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)

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.

10/20/20
Signature of a member or authorized representative of a member
Tasmine Smith
Typed or printed name of signer

Filing Fee: \$25.00