

L20 000 349921

NEW

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

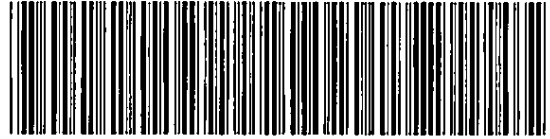
(Business Entity Name)

(Document Number)

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2024 APR 25 PM 12:27

SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WE DO IT ALL 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:

RHONDA ERICKSON

Name of Person

WE DO IT ALL CLEANING

Firm/Company

5450 WEST HIGHWAY 318

Address

REDDICK FL 32686

City/State and Zip Code

rhondaerickson7e@gmail.com

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

For further information concerning this matter, please call:

RHONDA ERICKSON

352 427-7972

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

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

WE DO IT ALL CLEANING 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 11/20/2020 and assigned
Florida document number L20000349921.

This amendment is submitted to amend the following:

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

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)

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TALLAHASSEE, FL

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:

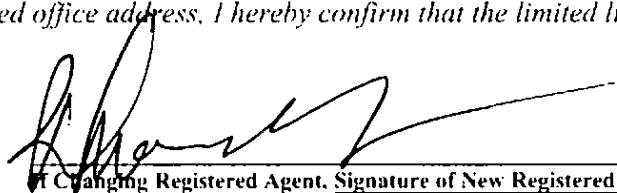
Name of New Registered Agent: RHONDA ERICKSON

New Registered Office Address: 5450 WEST HIGHWAY 318
Enter Florida street address

REDDICK, Florida 32686
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.


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>
PRES	RHONDA ERICKSON	5450 WEST HIGHWAY 318	<input type="checkbox"/> Add
		REDDICK FL 32686	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
PRES	JAMES ERICKSON	5450 WEST HIGHWAY 318	<input type="checkbox"/> Add
		REDDICK FL 32686	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
VP	HAROLD ERICKSON	16950 NE 9TH AVE	<input type="checkbox"/> Add
		CITRA FL 32113	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
VP	RHONDA ERICKSON	5450 WEST HIGHWAY 318	<input type="checkbox"/> Add
		REDDICK FL 32686	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

WHEN I ASKED A FRIEND TO HELP ME SET UP A COMPANY, I DIDN'T UNDERSTAND THAT

I SHOULD NOT LIST MY SONS AS PART OF THE BUSINESS. THIS IS A SINGLE-MEMBER LLC

AS REGISTERED WITH THE IRS.

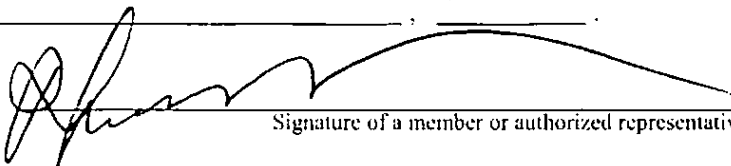
E. Effective date, if other than the date of filing: 11/20/2020 **(optional)**

(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 APRIL 12, 2024



Signature of a member or authorized representative of a member

RHONDA ERICKSON

Typed or printed name of signee