

L20000363988

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

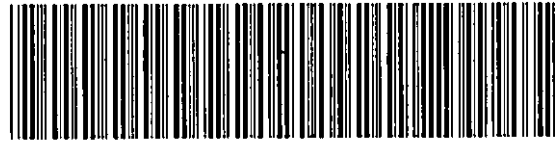
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400407025204

06/16/23--01004--011 **30.00

RECEIVED

2023 JUN 16 AM 10:53

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

FILED

2023 JUN 16 PM 2:33

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

N/C
A. nemb.

JUN 19 2023

CONNELL

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: MISTY 6/16

CERTIFIED COPY

XX PHOTOCOPY

XX CUS

GS

XX FILING

LLC AMEND

1. SPICK & SPAN GARBAGE CANS, LLC

(CORPORATE NAME AND DOCUMENT #)

2.
(CORPORATE NAME AND DOCUMENT #)

3.
(CORPORATE NAME AND DOCUMENT #)

4.
(CORPORATE NAME AND DOCUMENT #)

5.
(CORPORATE NAME AND DOCUMENT #)

6.
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **SPICK & SPAN GARBAGE CANS, 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:

Samuel L. LePrell

Name of Person

Samuel L. LePrell, Attorney & Counselor at Law

Firm/Company

1930 San Marco Blvd., Suite 201

Address

Jacksonville, Florida 32207

City/State and Zip Code

samleprell@icloud.com

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

For further information concerning this matter, please call:

Sam LePrell

904

993-7350

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

If Changing Registered Agent, Signature of New Registered Agent

[illegible]

[illegible]

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.

Dated June 13 2023

Typed or printed name of signee

Filing Fee: \$25.00