

L21000115767

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

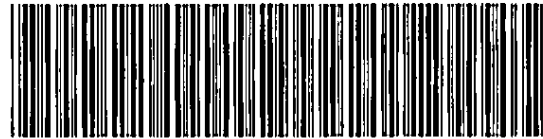
(Document Number)

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21 MAY 11 PM 4:44

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Classy Cleaners of Destin 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:

Isabel Garcia figueroa  
Name of Person

Classy Cleaners of Destin LLC  
Firm/Company

1014 Airport rd unit 114  
Address

Destin FL 32541  
City/State and Zip Code

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

For further information concerning this matter, please call:

Ariel Flores at ( 850 ) 533 - 9461  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

Classy Cleaners of Destin LLC 21 MAY 11 PM 4:45  
(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 03-10-2021 and assigned Florida document number 121000115767.

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)**

**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

Title                      Name                      Address                      21 MAY 11 PM 4:54:51 Type of Action

AMBR      Carina y Valencia Garcia      3195 whitney dr E Tallahassee FL 32309      ☒ Add

\_\_\_\_\_ ☐ Remove

\_\_\_\_\_ ☐ Change

\_\_\_\_\_ ☐ Add

\_\_\_\_\_ ☐ Remove

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

21 MAY 11 PM 4:45

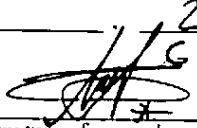
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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 May 7<sup>th</sup> 2021

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Isabel Garcia Figueroa  
\_\_\_\_\_  
Typed or printed name of signee

INTERNAL REVENUE SERVICE  
CINCINNATI IRS CAMPUS  
ATTN: EIN OPERATION  
CINCINNATI, OH 45999  
FAX: (855) 641-6935  
PHONE: 1-800-829-4933



IRS Employee # 1004010998  
Team # 302  
Date: April 27, 2021

**Request for Missing Information or Papers to Complete Form SS-4**

To: Isabel Garcia Figueroa

Fax:

We are returning your Form SS-4 (Application for an Employer Identification Number) because we need more information to process it. Please complete the missing information indicated below and send the original documents to us at the address or fax listed above. In case we need further information, please provide us with your telephone number and the best hours to contact you.

Telephone: (    ) \_\_\_\_\_

Fax: (    ) \_\_\_\_\_

Hours Available: \_\_\_\_\_

**PLEASE NOTE:**

**IMPORTANT: In order to fulfill your request for an EIN we will need you to supply us with the information indicated below along with the completed Form SS-4 and all other paperwork originally sent. Please include this coversheet and FAX them to Fax listed above.**

The name and Social Security Number (SSN) provided for line 7 do not match our records. Please verify the SSN with the Social Security Administration and send a copy of a letter from them on official letterhead with the correct name and Social Security Number.

If you have questions you can refer to Publication 1635 'Understanding Your EIN' at [www.irs.gov](http://www.irs.gov).

Please note that faxed copies of faxed copies tend to become illegible. We do not want to delay the processing of your application any further.

You can also find the instructions for Form SS-4, Form 2848, and Form 8821 at [www.irs.gov](http://www.irs.gov).

We apologize for the inconvenience and appreciate your patience and cooperation.

This communication is intended for the sole use of the individual to whom it is addressed and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If the reader of this communication is not the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication may be strictly prohibited. If you have received this communication in error, please notify the sender immediately by telephone, and return the communication to the address above via the United States Postal Service. Thank you.

**SS-4**  
Form  
(Rev. December 2018)  
Department of the Treasury  
Internal Revenue Service

# **Application for Employer Identification Number**

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)  
▶ Go to [www.irs.gov/FormSS4](http://www.irs.gov/FormSS4) for instructions and the latest information.  
▶ See separate instructions for each line. ▶ Keep a copy for your records.

OMB No. 1545-0003

EIN

1 Legal name of entity (or individual) for whom the EIN is being requested <b>Classy Cleaners Of Destin LLC</b>		3 Executor, administrator, trustee, "care of" name <b>Isabel Garcia Figueroa</b>	
2 Trade name of business (if different from name on line 1)		5a Street address (if different) (Don't enter a P.O. box.)	
4a Mailing address (room, apt., suite no. and street, or P.O. box) <b>1014 Airport Rd Unit 114</b>		5b City, state, and ZIP code (if foreign, see instructions) <b>Destin FL 32541</b>	
4b City, state, and ZIP code (if foreign, see instructions) <b>Destin FL 32541</b>		6 County and state where principal business is located <b>Okaloosa FL</b>	
7a Name of responsible party <b>Isabel Garcia Figueroa</b>		7b SSN, ITIN, or EIN <b>393-95-1095</b>	
8a Is this application for a limited liability company (LLC) (or a foreign equivalent)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		8b If 8a is "Yes," enter the number of LLC members <b>1</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8c If 8a is "Yes," was the LLC organized in the United States? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9a Type of entity (check only one box). Caution: If 8a is "Yes," see the instructions for the correct box to check.			
<input type="checkbox"/> Sole proprietor (SSN)		<input type="checkbox"/> Estate (SSN of decedent)	
<input type="checkbox"/> Partnership		<input type="checkbox"/> Plan administrator (TIN)	
<input checked="" type="checkbox"/> Corporation (enter form number to be filed) ▶ <b>2553</b>		<input type="checkbox"/> Trust (TIN of grantor)	
<input type="checkbox"/> Personal service corporation		<input type="checkbox"/> Military/National Guard	
<input type="checkbox"/> Church or church-controlled organization		<input type="checkbox"/> Farmers' cooperative	
<input type="checkbox"/> Other nonprofit organization (specify) ▶		<input type="checkbox"/> REMIC	
<input type="checkbox"/> Other (specify) ▶		Group Exemption Number (GEN) if any ▶	
9b If a corporation, name the state or foreign country (if applicable) where incorporated <b>Florida</b>		Foreign country	
10 Reason for applying (check only one box)			
<input checked="" type="checkbox"/> Started new business (specify type) ▶ <b>Cleaning Business</b>			
<input type="checkbox"/> Hired employees (Check the box and see line 13)			
<input type="checkbox"/> Compliance with IRS withholding regulations			
<input type="checkbox"/> Other (specify) ▶			
11 Date business started or acquired (month, day, year). See instructions. <b>03/10/2021</b>		12 Closing month of accounting year <b>December</b>	
13 Highest number of employees expected in the next 12 months (enter full number). If no employees expected, skip line 14.		14 If you expect your employment tax liability to be \$1,000 or less in a full calendar year and want to file Form 944 annually instead of Forms 941 quarterly, check here. (Your employment tax liability generally will be \$1,000 or less if you expect to pay \$5,000 or less in total wages.) If you don't check this box, you must file Form 941 for every quarter. <input type="checkbox"/>	
Agricultural <b>0</b>	Household <b>0</b>	Other <b>0</b>	
15 First date wages or annuities were paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year) ▶ <b>05/01/2021</b>			
16 Check one box that best describes the principal activity of your business.			
<input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing		<input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker	
<input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance		<input type="checkbox"/> Accommodation & food services <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail	
<input checked="" type="checkbox"/> Other (specify) ▶ <b>House Cleaner</b>			
17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided <b>Cleaning</b>			
18 Has the applicant entity shown on line 1 ever applied for and received an EIN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If "Yes," write previous EIN here ▶			
Third Party Designee		Designee's telephone number (include area code)	
Designee's name		Designee's fax number (include area code)	
Address and ZIP code		Applicant's telephone number (include area code) <b>(850) 559-8015</b>	
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.		Applicant's fax number (include area code)	
Name and title (type or print clearly) ▶ <b>Isabel Garcia Figueroa</b>		Date ▶ <b>03-22-2021</b>	
Signature ▶		Cat. No. 15055N	

MAR 24 2021

EIN