LZ1000161982

(Requestor's Name)
(Address)
·
(Address)
(Addless)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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COVER LETTER

Division of Cor		·				
	CLAYTON'S CLE	ANING CLASSY LLC	.			
SUBJECT:	Name of Limi	ted Liability Company				
The enclosed Articles of	Amendment and fee(s) are subt	nitted for filing.				
Please return all correspo	ndence concerning this matter t	to the following:				
		MARJORIE CLAYTON				
	Name of Person					
		Firm/Company				
		6 HAMMOND PL				
		Address				
		BOYNTON BEACH, FL 3342	6			
	City/State and Zip Code					
	claytonscleaningclassy@gmail.com E-mail address: (to be used for future annual report notification)					
For further information of	encerning this matter, please concerning this matter.		(Minealon)			
MARJORIE	CLAYTON	at (72-5500			
Name (of Person	Area Code Day	time Telephone Number			
Enclosed is a check for t	he following amount:					
■ \$25,00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)			
Mailing Addre Registration		<u>Street Address</u> Registration	Section			
Division of C	Corporations		Corporations of Tallahassee			
P.O. Box 63. Tallahassee.		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EANING CLASSY LLC	
mpany as it now appears on our records.) ted Liability Company)	
any were filed on 04/07/2021	and assigned
liability company here:	
Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
<u> </u>	<u>. </u>
fice address on our records, <u>enter t</u> l	he name of the new register
Enter Florida street address	
. Flo	rida
City	Zip Code
1.	ited Liability Company) any were filed on 04/07/2021 liability company here: Liability Company." the designation "LLC". S) Enter Florida street address. Flo

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>	Address	Type of Action
MGR	MARJORIE CLAYTON	6 HAMMOND PL	= Add
		BOYNTON BEACH, FL 33426	□Remove
			Change
			□ Add
			Remove
			Change
			□Add
			□Remove
			Change
	<u> </u>	_	□Add
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Note: If the da	e, if other than the date of the is listed, the date must be specified in this block do fective date on the Departm	es not meet the applicable	ate of filing or more than 90 statutory filing requiren	(optional) days after filing.) Pursuant ents, this date will not b	to 605.0207 be listed as
record specifi d is filed.	ies a delayed effective date.	but not an effective time.	at 12:01 a.m. on the earl	ier of: (b) The 90th da	y after the
		2021		6	2 -5 - 1
Dated	MAY 18	2021	1		1.5 %
		1 0/1	<u>/</u>		
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	Signey Signey	are of a member or approximate	od representative of a memb	er	' ب _ر ار — دن

Filing Fee: \$25.00