

# L21000380314

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

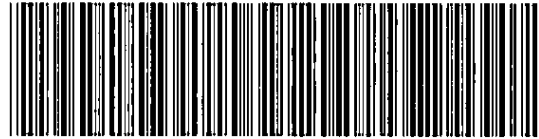
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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: FIVE STARTS CLEANING SERVICES 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:

INDIRA CEBALLOS

\_\_\_\_\_  
Name of Person

IC ACCOUNTING & FINANCIAL SERVICES LLC

\_\_\_\_\_  
Firm/Company

111 MONUMENT AVE

\_\_\_\_\_  
Address

KISSIMMEE, FL 34747

\_\_\_\_\_  
City/State and Zip Code

ICSERVICES487@GMAIL.COM

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

For further information concerning this matter, please call:

YIRLEY MONSALVE

407 770-8276

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

DN30017 3/4/5/6/7

1. *Chlorophyll a* and *Chlorophyll b* contents were determined by spectrophotometry using the method of Lichtenthaler and Whistler (1973).

(A Florida Limited Liability Company)

08/25/2021

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

KISSIMMEE, FL 34744

ISSIMMEE, FL 34744

*Zip Code*

**If Changing Registered Agent, Signature of New Registered Agent**

•

**MGR = Manager**

**AMBR = Authorized Member**

[illegible]

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

[illegible]

**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 DECEMBER 07th 2023

Yialey S. Mavshve  
Signature of a member or authorized representative of a member

Signature of a member or authorized representative of a member

YIRLEY J MONSALVE DE FONSECA

Typed or printed name of signee

**Filing Fee: \$25.00**