L21000 410373

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TO: Registration Section Division of Corporations	
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Southers The Domand I	17
SUBJECT: Spotless Junk Removal L	Silite Community
Name of Limited Clar	miny Company
The enclosed Articles of Amendment and fee(s) are submitted i	for filing.
Please return all correspondence concerning this matter to the fe	oflowing:
	, d
Nathan Valde	7
Nathan Valde	Vame of Person
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Spotless June R	emoral LLC
	Firm/Company
.,	2.
1410 Neely Daws	Kd.
'	Address
Ealao El 22	9.20
<u> Felda i FL 33</u>	State and Zip Code
E-mail address: (to be use	1.1@gmail (0m) ed for future annual report notification)
For further information concerning this matter, please call:	
	220
Nathun Valdez	at (239) 675-1212 Area Code Daytime Telephone Number
Name of Person	Area Code Daytine retephone Number
Enclosed is a check for the following amount:	
	\$55.00 Filing Fee & S60.00 Filing Fee.
	Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy
	(additional copy is enclosed)
Mailing Address:	Street Address:
Registration Section	Registration Section

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

Spotless Junk Kemovo	11 666	
V(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records.) Liability Company))
The Articles of Organization for this Limited Liability Company Florida document number L21000410373	were filed on09 10 202	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" (or the hbre ion "L.L.C."
Enter new principal offices address, if applicable:		SE SE
(Principal office address MUST BE A STREET ADDRESS)		20 F
		Y SEE. FIA
Enter new mailing address, if applicable:		- G
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter th</u>	he name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	<u> </u>
	, Flor	rida
	City	Zip Code
and the second s	_	

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	Nathan Valdez	PO BOX 3424 Immokalee, FL341	<u>43</u> √Add
		· · · · · · · · · · · · · · · · · · ·	□Remove
			□Change
AMBR Yulisa Ramirez	Yulisa Ramirez	PO BOX 63 Immorabe, FL3414.	3 WAdd
		□Remove	
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			□ Change

If amending ar	any other information, enter change(s) here: (Attach additional sheets)	inecessary.)

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		<u>:</u>
		
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ffective date,	e, if other than the date of filing:	(optional)
to <u>te:</u> If the dat	ate inserted in this block does not meet the applicable statutory filing requiremen	ts, this date will not be listed as t
ocument's effe	fective date on the Department of State's records.	
record specifie Lis filed.	ies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier	of: (b) The 90th day after the
and Sev	plember 23	
	477	
	M Comments	:
	Signature of a member or authorized representative of a member	
	Nathan Valdez Typed or printed name of signee	<u> </u>

Filing Fee: \$25.00