}

121000414194

(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



200377022122

11/30/21--01021--016 **25.00

2022 FEB - 2 AM 7: 15 SECRETARY OF STATE

O SIMMONS MAR - 8 2022



RECEIVED

FLORIDA DEPARTMENT OF STATE Division of Corporations SECRETARY OF STATE TALLAHASSEE, FL

December 14, 2021

JAZMIN CULBERSON 18301 S. DIXIE HWY PH 563 MIAMI, FL 33157

SUBJECT: S.O.A.P. CLEANING SERVICES LLC

Ref. Number: L21000414194

We have received your document for S.O.A.P. CLEANING SERVICES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

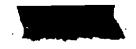
Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6053.

Yvette Scott Supervisor

Letter Number: 121A00030120



COVER LETTER

TO: **Registration Section Division of Corporations**

SUBJECT:	S	9.A.O.	Cleaning	Services -LLC	3,
	,		Name of Limite	d Liability Company	

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

	Jazmin (l) lberson	
		Name of Person	
		Firm/Company	
	18301 5 d1x	1e NWY PHS63	}
	Miami, Flo	mida 33157	
		City/State and Zip Code	
		esesus Egmail.	
	E-mail address: (to be used for future annual report no	tification)
or further information co	ncerning this matter, please ca	all:	
Name of	Person	Area Code Daytir	ne Telephone Number
Enclosed is a check for the	e following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF FILED

SOAP Cleaning Services LL@22FEB-2 AM 7:15

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company LURE PARTY UP STATE

TAIL AFASSEE, FI

The Articles of Organization for this Limited Liability Company were	filed on 4/20/2021	and assigned
The Articles of Organization for this Limited Liability Company were Florida document number 121000414194		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	company here:	
CLEANSE LIKE JESUS LLC		
The new name must be distinguishable and contain the words "Limited Liability Co	ompany the designation "LLC	or the abbreviation "L.L.C.,,
Enter new principal offices address, if applicable:	<u> </u>	
(Principal office address MUST BE A STREET ADDRESS)		
<u></u> -		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office addragent and/or the new registered office address here: Name of New Registered Agent:	ess on our records, <u>enter t</u>	he name of the new registered
Name of New Registered Agent:	ess on our records, <u>enter t</u>	he name of the new registered
agent and/or the new registered office address here:	ess on our records, enter the enter	he name of the new registered
Name of New Registered Agent: New Registered Office Address:	Enter Florida street address	rida
Name of New Registered Agent: New Registered Office Address:	Enter Florida street address	····
Name of New Registered Agent: New Registered Office Address:	Enter Florida street address Flor	ridaZip Code

If Changing Registered Agent, Signature of New Registered Agent

If amending the expression 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>	Name	Address	Type of Action
MGR	Michael Mickangel Leprince	18301 S DIXIE HWY PH 563)¤́∧dd
	Leprince	Miami Florida 33157	□Remove
			□Change
	·		□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 🗅 🛆 dd
			□Remove
			□ Change

-				
•				
-				
-				
-				_
-				
-		<u></u>		
,		- · · · · · · · · · · · · · · ·		
	· · · · · · · · · · · · · · · · · · ·			
-				
•				
•				
E. Effect	tive date, if other than the da	ite of filing:	(optional) filing or more than 90 days after filing.) Pursuant to	
Note:	If the date inserted in this block	c does not meet the applicable statu	filing or more than 90 days after filing.) Pursuant to tory filing requirements, this date will not be	605.0207 (listed as t
docun	nent's effective date on the Depa	artment of State's records.		
f the recor		ate, but not an effective time, at 12	01 a.m. on the earlier of: (b) The 90th day	after the
		7 1		
Dated	12/27	702		