

K21 000445274

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

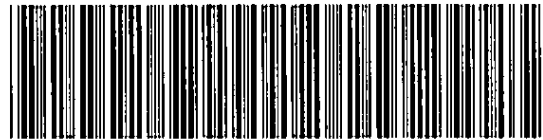
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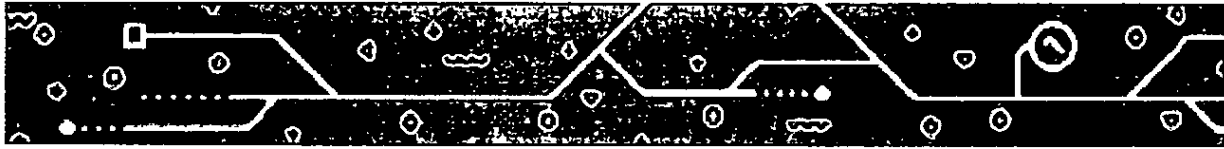
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STATE OF STATE  
ED



# zenbusiness

**Jan 4, 2022**

Florida Secretary of State  
Division of Corporations  
2415 N Monroe St Suite 810  
Tallahassee, FL 32303

RE: **Twinkle-Lees Sanitation Maids Limited Liability Company**

To Whom It May Concern:

\_\_\_\_\_Attached please find the executed **CERTIFICATE OF AMENDMENT**, for the above referenced. Please review and file the attached document on a routine basis.

Once completed please forward the filed confirmation or notification to the address listed below:

**ZenBusiness Inc**  
**Attention: Kelly Castro**  
**5511 Parkerest Dr., Suite 103**  
**Austin Tx 78731**

If you have any questions, please feel free to contact me at 844-493-6249 or at [fulfillment@zenbusiness.com](mailto:fulfillment@zenbusiness.com).

Thank you.

Kelly Castro  
ZenBusiness Customer Success

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Twinkle-Lees Sanitation Maids Limited Liability Company

(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 01/03/2022 and assigned Florida document number L21000445274.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Sparkle-Lee Comprehensive Clean L.L.C.

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*

REC'D  
2022 JAN 11 AM 9:54  
CLERK OF STATE  
FD

**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>	<u>Address</u>	<u>Type of Action</u>
MGRM	Stephen Byron Lee JR	1435 NW 116th Way	<input type="checkbox"/> Add
		Gainesville, FL 32606	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Stephen Byron Lee JR	1435 NW 116th Way	<input type="checkbox"/> Add
		Gainesville, FL 32606	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Maiya Rose Nunes	1435 NW 116th Way	<input type="checkbox"/> Add
		Gainesville, FL 32606	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Multiple horizontal lines for amending information.

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 January 04 2022

*/s/ Kristina Lynn Lee*  
Signature of a member or authorized representative of a member

Kristina Lynn Lee  
Typed or printed name of signee