# 21000460979

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	-
inform	nation is r	not on
	77X Y X	ı



700377462977

12/19/21--01011--016 \*\*25.00



A BUTLER JAN 1 2 2022

# **COVER LETTER**

TO: Registration Secti Division of Corpo			
SUBJECT: NOCIO	161 5 Profes	Sior Vol. (1 CGrill ted Liability Company	ng lec
The enclosed Articles of Ar	nendment and fee(s) are subr	nitted for filing.	
Please return all correspond	ence concerning this matter t	to the following:	
	Norma	Sartiago Name of Person	
	Normans Pa	Ofessional Cle	runing blic.
	1508 Gair	Marco dr A	10/ 305
	Ormand B	eath £1 3217 City/State and Zip Code	<del>2</del> <u>4</u>
يب )	JUH/Wma// E-mail address: (10	City/State and Zip Code  Parity State and Zip Code  Parity State and Zip Code  Obe used for future annual report notific	Colon Cation)
For further information con-	cerning this matter, please ca	ill:	
DOMA San Name of P	ottago	at ( <u>38C) 523</u> Area Code Daytime	POO3 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)
<u>Mailing Address:</u> Registration Se	etion	Street Address: Registration Sect	ion
Division of Cor		Division of Corp	orations
P.O. Box 6327 Tallahassee, FL	. 32314	The Centre of Ta 2415 N. Monroe	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

J

(Name of the Limited Liability Company as it now appears on our records.)  (A Florida Limited Liability Company)
ne Articles of Organization for this Limited Liability Company were filed on $\frac{10}{22}$ and assigned orida document number $\frac{L2100460979}{}$
nis amendment is submitted to amend the following:
If amending name, enter the new name of the limited liability company here:    Orma   S   Co   C   Si Orch   C   C   n   n   C     In new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C" or the abbreviation "L.L.C"  Inter new principal offices address, if applicable:    Orma   S   Co   C   C   C     Inter new principal offices address, if applicable:    Orma   S   Co   C   C     Inter new principal offices address, if applicable:   Orma   S   Co   C     Inter new principal office address MUST BE A STREET ADDRESS)   Orma   Orma     Inter new principal office address MUST BE A STREET ADDRESS)   Orma   Orma     Inter new principal office address MUST BE A STREET ADDRESS)   Orma   Orma     Inter new principal office address MUST BE A STREET ADDRESS)   Orma   Orma     Inter new principal office address MUST BE A STREET ADDRESS)   Orma   Orma     Inter new principal office address MUST BE A STREET ADDRESS   Orma   Orma     Inter new principal office address MUST BE A STREET ADDRESS   Orma   Orma     Inter new principal office address MUST BE A STREET ADDRESS   Orma   Orma     Inter new principal office address MUST BE A STREET ADDRESS   Orma   Orma     Inter new principal office address MUST BE A STREET ADDRESS   Orma   Orma     Inter new principal office address MUST BE A STREET ADDRESS   Orma   Orma     Inter new principal office address MUST BE A STREET ADDRESS   Orma   Orma     Inter new principal office address MUST BE A STREET ADDRESS   Orma   Orma   Orma     Inter new principal office address MUST BE A STREET ADDRESS   Orma   Orma
nter new mailing address, if applicable:  Auiling address MAY BE A POST OFFICE BOX)
. If amending the registered agent and/or registered office address on our records, enter the name of the new registered gent 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

### 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

ending 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

Title	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			☐ Change
	<del>-</del>		□Add
			□Remove
			☐ Change
			□Add
		□Remove	
			□Change
			□Add
			□Remove
			□Change

<del></del>	
<del></del>	
lf an eifective <u>Note:</u> If the	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 date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as effective date on the Department of State's records.
e record spec rd is filed	cifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the
Dated / S	3/29/2021
_	MUNA MUSE Signature of a member or authorized representative of a member

Filing Fee: \$25.00





# FLORIDA DEPARTMENT OF STATE JAN -5 AN IG: 39; Division of Corporations

Letter Number: 321A00030740

December 21, 2021

SECRETARY OF STATE

NORMA SANTIAGO 1508 SNMARO DR APT 305 ORMOND BEACH, FL 32174

SUBJECT: NORNA'S PROFESSIONAL CLEANING L.L.C.

Ref. Number: L21000460979

We have received your document for NORNA'S PROFESSIONAL CLEANING L.L.C. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

PLEASE PUT ALL AUTHORIZED PERSON(S) INFORMATION ON THREE PAGE OF THE AMENDMENT FORM.

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) 245-6050.

Anissa Butler Regulatory Specialist II

www.sunbiz.org

Denartiment and State 1 Secretary of Secretary Space, Sea state, Space, Space,

# **Detail by Entity Name**

Florida Limited Liability Company
NORNA'S PROFESSIONAL CLEANING L.L.C.

#### Filing Information

**Document Number** 

L21000460979

FEI/EIN Number

NONE

Date Filed

10/22/2021

State

FL

Status

**ACTIVE** 

#### Principal Address

1508 SAN MARCO DR

ORMAND BEACH, FL 32174

#### Mailing Address

1508 SAN MARCO DR

ORMAND BEACH, FL 32174

#### Registered Agent Name & Address

LEE. HORACE

801 MULBERRY

DAYTONA BEACH, FL 32114

Authorized Person(s) Detail

#### Name & Address

Title CEO

SANTIAGO, NORMA 1508 SAN MARCO DR ORMAND BEACH, FL 32174

#### Annual Reports

No Annual Reports Filed

#### Document Images

The second of the second of the second of the second of