

h22000386610

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

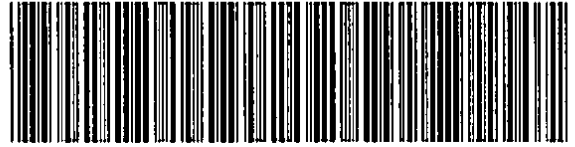
(Business Entity Name)

(Document Number)

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22 SEP 26 PM 12:57

Division of Corporations

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** X-treme Cleaning Services By CL, 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:

Carolina C Lowe

Name of Person

X-treme Cleaning Services By CL, LLC

Firm/Company

11117 Oak Dr.

Address

Riverview/ FL 33578

City/State and Zip Code

carolinacristine.sf@gmail.com

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

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Carolina C Lowe

813

449-2879

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

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

X-treme Cleaning Services By CL, LLC

(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 \_\_\_\_\_ and assigned  
Florida document number L22000386610.

This amendment is submitted to amend the following:

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

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)**

Carolina C Lowe

11117 Oak Dr.

Riverview, FL 33578

**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:

Carolina C Lowe

New Registered Office Address:

11117 Oak Dr.

*Enter Florida street address*

Riverview

*City*

Florida 33578

*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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being add or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Carolina C Lowe	11117 Oak Dr. Riverview, FL 33578	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Carolina C Lowe	11117 Oak Dr. Riverview, FL 33578	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

22 SEP 28 PM 12:57  
DIVISION OF  
REGISTRATION  
AND CERTIFICATION

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

Please, add EIN Number: 92-0391938

22 SEP 26 PM 12:57  
DIVISION OF REVENUE


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)

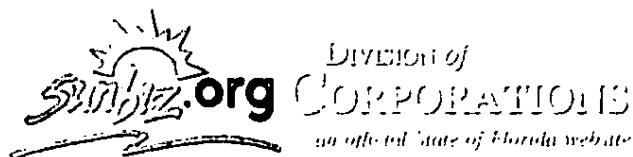
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 September 21, 2022

  
Signature of a member or authorized representative of a member

Carolina C. Lowe  
Typed or printed name of signee



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## Detail by Entity Name

Florida Limited Liability Company

X-TREME CLEANING SERVICES BY CL, LLC

### Filing Information

**Document Number** L22000386610  
**FEI/EIN Number** NONE → 92-0391938  
**Date Filed** 09/02/2022  
**Effective Date** 09/01/2022  
**State** FL  
**Status** ACTIVE

### Principal Address

11117 OAK DR  
RIVERVIEW, FL 33578

### Mailing Address

PO BOX 321  
GIBSONTOWN, FL 33534

### Registered Agent Name & Address

LOWE, CAROLINA C  
11117 OAK DR  
RIVERVIEW, FL 33578

### Authorized Person(s) Detail

NONE → Lowe, Carolina C  
11117, Oak Dr  
Riverview FL  
33578

### Annual Reports

No Annual Reports Filed

### Document Images

09/02/2022 -- Florida Limited Liability

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