L22000399198

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(Business Entity Name)
(Document Number)
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

#

COVER LETTER

TO: Registra Division	ation Section n of Corporations		
SUBJECT:	mmaculate Finish Name of	Cleaning Services, I Limited Liability Company	LLC
The enclosed Art	icles of Amendment and fee(s) are	submitted for filing.	
Please return all o	correspondence concerning this ma	atter to the following:	
	Joseph Ch	Name of Person	
	Immaculate	Finish Cleaning Servi	ices, UC
	3225 NW (ogs Ave. Address	
	Margate, F	City/State and Zip Code City/State and Zip Code Com Ss: (to be used for future annual report notification)	
	immacfinism E-mail address	agmail. Com.	ation)
For further inform	nation concerning this matter, pleas		
Joseph (Chure, Name of Person	at (954) 471-609 Area Code Daytime T	S 3 Felephone Number
Enclosed is a chec	ck 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)
	Address: ation Section	Street Address:	On.
_	n of Corporations	Registration Secti Division of Corpo	
	ox 6327	The Centre of Tal	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

(Name of the Limited Linhill	ity Company as it now appears a Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability C Florida document number <u>L220003961198</u>	Company were filed on <u>09</u>	1/13/2022	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	nited liability company here	<u>e</u> :	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the des	signation "LLC" or the abbrev	viation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD.	RESS)		2023
	<u></u> 1	AHAS	HAY 3
Enter new mailing address, if applicable:			9 - 1
(Mailing address MAY BE A POST OFFICE BOX)		FLORID,	5. S. C.
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	ed office address on our re		
Name of New Registered Agent:			
New Registered Office Address:	Ent in Elimi	da street address	
·	P.mer Piorio		
	City	Florida	Zip Code
'New Registered Agent's Signature, if changing Register	ed Agent:		
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and accept the obligations of my position as registered of being filed to merely reflect a change in the register company has been notified in writing of this change	complete performance of t agent as provided for in C red office address, I hereb	my duties, and Lam fan hapter 605, F.S. Or, if i	nitiar with and this document is

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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Jonathan Celcis	10373 NW 5th Ct.	□ Add
		Coral Springs, FL 33071	i Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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ote: If the da	e, if other than te is listed, the date the inserted in thi ective date on th	is block does r	not meet the ap	oplicable statute	ling or more than 9 ory filling require	(optional)) days after filingments, this date) Pursuant will not b	o 605.0; e listed
record specifi is filed.	ies a delayed effe	ective date, but	t not an effecti	ve time, at 12:0)1 a.m. on the ea	rlier of: (b) Th	ie 90th day	r after t
ated <u>M</u>	ay 22							
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