10/3/24, 9:55 AM Division of Corporations

L24000322263

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000334678 3)))

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : INFANTE MULTI SERVICES INC
Account Number : I20220000173
Phone : (786)342-4106
Fax Number : (786)342-4106

Submitted dates:
10/3/2024 ← rejected
10/21/2024 ← rejected
10/24/2024 ← rejected

RECEIVED
2024 OCT 30 PM 12:17
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FILED
2024 OCT 30 PM 4:04
SECRETARY OF STATE
TALLAHASSEE FL

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
LCA&B SERVICES LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$25.00

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OCT 31 2024
T. LEMIEUX

https://efile.sunbiz.org/scripts/efilcovr.exe 1/1

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: LCA&B SERVICES 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:

YURANI BEDOYA
Name of Person

Firm/Company

7601 E TREASURE DR APT 1121
Address

NORTH BAY VILLAGE, FL 33141
City/State and Zip Code

jyurani_bedoya@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

YURANI BEDOYA at (305) 7765514
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

LCA&B SERVICES 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 11/17/2022 and assigned Florida document number L22000492263.

This amendment is submitted to amend the following:

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

JAH LUXURY CLEANING LLC

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)

7601 E TREASURE DRAPT 1121
NORTH BAY VILLAGE, FL 33141

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

7601 E TREASURE DRAPT 1121
NORTH BAY VILLAGE, FL 33141

FILED
2024 OCT 30 PM 4:04

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*

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

Title	Name	Address	Type of Action
AMBR	BEDOYA, YURANI	7601 E TREASURE DR APT 1121	☐ Add
		NORTH BAY VILLAGE, FL 33141	☐ Remove
			☒ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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

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 10/30, 2024.

Signature of a member or authorized representative of a member

YURANI BOSCH
Typed or printed name of signee

Filing Fee: $25.00

October 24, 2024

LCA&B SERVICES LLC
7601 E TREASURE DR
APT 2220
NORTH BAY VILLAGE, FL 33141

SUBJECT: LCA&B SERVICES LLC
REF: L22000492263

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document is illegible and not acceptable for imaging.

+ NEXT, - PREV, 1. MENU, 2. FILING, 3. MGR/MEM
7. LIST, 8. NEXT FILING ON LIST, 9. PREV FILING ON LIST
ENTER SELECTION AND CR:

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Mel Solomon
Operations Manager A

FAX Aud. #: H24000334678
Letter Number: 224A00023531

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ENTER SELECTION AND CR:

October 29, 2024

LCA&B SERVICES LLC
7601 E TREASURE DR
APT 2220
NORTH BAY VILLAGE, FL 33141

SUBJECT: LCA&B SERVICES LLC
REF: L22000492263

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document is illegible and not acceptable for imaging.

+ NEXT, - PREV, 1. MENU, 2. FILING, 3. MGR/MEM
7. LIST, 8. NEXT FILING ON LIST, 9. PREV FILING ON LIST
ENTER SELECTION AND CR:

The background of the amendment it to dark there are lines running through the amendment pages please make the correction so that we can file theamendment.

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) 245-6051.

Tracy L Lemieux
Regulatory Specialist II

FAX Aud. #: H24000334678
Letter Number: 824A00023770

+ NEXT, - PREV, 1. MENU, 2. FILING
7. LIST, 8. NEXT FILING ON LIST, 9. PREV FILING ON LIST
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