

L23000060874

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

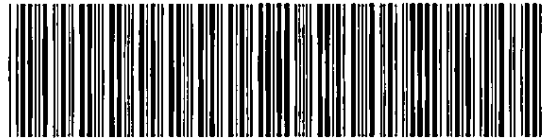
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COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: L.B.Y DUBON PROFESSIONAL CLEANING 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:

BELKIS N DUBON-MOLINA

Name of Person

L.B.Y DUBON PROFESSIONAL CLEANING LLC

Firm/Company

14865 MYSTIC LAKE CIRCLE APT 8207

Address

NAPLES, FL 34119

City/State and Zip Code

below.yerelidubon21@gmail.com

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

For further information concerning this matter, please call:

BELKIS N DUBON-MOLINA

at (239) 383-8555

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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

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CLERK
TALLAHASSEE, FL

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

L.B.Y DUBON PROFESSIONAL CLEANING 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 02/02/2023 and assigned
Florida document number L23000060874.

This amendment is submitted to amend the following:

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

SAME NAME

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)

BELKIS N DUBON-MOLINA

14865 MYSTIC LAKE CIRCLE APT 8207

NAPLES, FL 34119

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

14865 MYSTIC LAKE CIRCLE APT 8207

NAPLES, FL 34119

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:

BELKIS N DUBON-MOLINA

New Registered Office Address:

14865 MYSTIC LAKE CIRCLE APT 8207

Enter Florida street address

NAPLES

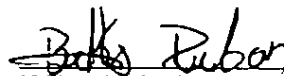
City

Florida 34119

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	ELIA DANERY CHAVEZ	14865 MYSTIC LAKE CIRCLE APT 8207 NAPLES,	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	OSCAR J FLORES-RAMIREZ	14865 MYSTIC LAKE CIRCLE APT 8207 NAPLES,	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2023 MAR 13 10:19:33
STATE
OFFICE

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

I JUST WANT TO ADD A PARTNER ELIA DANERY CHAVEZ TO MY LLC COMPANY

removed from our records: OSCAR J FLORES - RAMIREZ

E. Effective date, if other than the date of filing: FEBRUARY 16, 2023 **(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 FEBRUARY 16, 2023

Belkis Dobon

Signature of a member or authorized representative of a member

Belkis N Dobon-Molina

Typed or printed name of signee

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2023 MAR 13 AM 9:33
CLERK OF STATE
TALLAHASSEE, FL

Filing Fee: \$25.00