

L23000217437

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

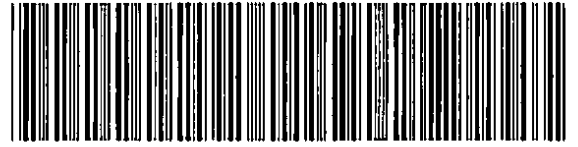
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05/15/23--01012--011 **25.00

2023 MAY 16 AM 12:06

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Smart Cleaning Pro 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:

Marcia Abe

Name of Person

Smart Cleaning LLC

Firm Company

3562 Shallot Dr. unit 102

Address

Orlando, FL

City/State and Zip Code

clean@smartcleaning.pro

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

For further information concerning this matter, please call:

Marcia Abe

Name of Person

973

Area Code

342-4491

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

2023 MAY 15 PM 12:06

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

Smart Cleaning Pro 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 05/02/2023 and assigned
Florida document number L23000217437

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:

3562 Shallot Dr. Unit 102

(Principal office address MUST BE A STREET ADDRESS)

Orlando, FL 32835

Enter new mailing address, if applicable:

3562 Shallot Dr. Unit 102

(Mailing address MAY BE A POST OFFICE BOX)

Orlando, FL 32835

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:

Marcia Abe

New Registered Office Address:

3562 Shallot Dr. unit 102

Enter Florida street address

Orlando

City

, Florida 32835

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.

Marcia Abe

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>
MGR	Kiet To	5641 W. Walbrook Dr.	<input checked="" type="checkbox"/> Add
		San Jose CA, 95129	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Steven To	3779 ASHRIDGE LANE	<input checked="" type="checkbox"/> Add
		San Jose, CA 95121	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Marcia Abe	3562 Shallot Dr. unit 102	<input checked="" type="checkbox"/> Add
		Orlando, FL 32835	<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

[illegible]

(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)

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.

Typed or printed name of signee

2023.11.16 AM 12:06

Filing Fee: \$25.00