L23000310687

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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08/04/28--01000--000 **30.00

2023 NOV -7 AM 10: 34

-7 AMIO: 34



October 6, 2023

APRIL RENEE BRYAN 29114 PIGEON CREEK RD HILLARD, FL 32046 US

SUBJECT: A' BREEZE CLEANING LLC

Ref. Number: L23000310687

2023 NOV - 7 AM IO: 34

We have received your document and check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The titles you have listed for the individuals or business entities which will manage the limited liability company are not acceptable. We cannot accept the terms: partner, officer, owner or member. You must insert the letters "MGRM" for each individual or business entity that is a member and will serve in a managerial capacity. If the individual or business entity is not a member, but will serve in a managerial capacity, you must insert the letters "MGR." We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

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) 245-6050.

Jasmine N Horne Regulatory Specialist II

Letter Number: 023A00023103

COVER LETTER

Registration Section
Division of Corporations

O:

BJECT: A	Breeze Clear	ingille			
	Name of Lim	ited Liability Company			
e enclosed Articles of .	Amendment and fee(s) are sub	mitted for filing.			
ease return all correspo	ndence concerning this matter	to the following:		~ .	
	April Re	nee Brya	Ŋ	2023 NOV -7 AM 10: 34	5
	A'Breeze	Cleaning 1 Firm/Company	LLC	7 AM IO	Total Control of
	29114 Pige	on Creek C	2d	:34 File	
	Hillard,	FL 32046 City/State and Zip Code	·		
	Gbreeze Cle	aning 2018 @ a	mail-C	∞	
r further information co	oncerning this matter, please co	all:			
April Re	nel Bryan	at (<u>904</u>) <u>333</u> Area Code Daytime	- 2976 e Telephone Number		
closed is a check for th	e following amount:				
3 S25.00 Filing Fee	\$ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (e of Status &	
Mailing Address Registration S Division of Co P.O. Box 632	Section orporations	Street Address: Registration Sec Division of Cor The Centre of T	porations		
Tallahassee, F			e Street, Suite 81	.0	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A' Breeze Cloanir	ng. LLC	<u> </u>
(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as It now appears on our records.) .iability Company)	
e Articles of Organization for this Limited Liability Company orida document number <u>L230003101e8</u> 7	were filed on <u>6-28-23</u>	and assigned
is amendment is submitted to amend the following:		
If amending name, enter the new name of the limited liabi		2023
new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or t	he abbreviatio [L.IC.]
ter new principal offices address, if applicable:		
rincipal office address MUST BE A STREET ADDRESS)		<u> </u>
		E. 34
ter new mailing address, if applicable:		
ailing address MAY BE A POST OFFICE BOX)	*********	
If amending the registered agent and/or registered office a ent and/or the new registered office address here:	ddress on our records, enter the i	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	1
	City	Zip Code

w Registered Agent's Signature, if changing Registered Agent:

nereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and cept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability mpany has been notified in writing of this change.

f Changing Registered Agent, Signature of New Registered Agent

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

GR = Manager
MBR = Authorized Member

tle Name Address Type of Action

ident	April Renee Bryan	29114 Pigeon Creek Hillard, Fl. 32046	AlAdd
	· ·	Hillard, Fl. 32046	□Remove
r <u>R</u>	Breanna N. Rober	29/14 Pigeon Creek	Change 2023 July Remove Remove A Change
			./ + = _□Add
			Remove
			Change
			□Add
			□Remove
			. □Change
			□Add
			□Remove
		<u>.</u>	Change
			□Add
			_□Remove _□Change

If amending	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)
I	April Renee Bryan own
<u> 1911</u>	Breeze cleaning, LLC
R	reanna Nichol Roberts is my
do	aughter I want her on by business
40	help me and incase of my
de	Path I can Leave her a business
ti	> Continue to have income for
he	er family.
	I used a cell phone to fill out
In	formation and it wasn't Correct.
	AS 7
	Mank you for your time.
	
Effective dat	te, if other than the date of filing: (optional)
Note: If the o	late 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) date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
document's e	effective date on the Department of State's records.
-	ifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ord is filed.	
Dated \(\)	uly 25, 2023.
(Oa · 1 Roman Raynon
	Signature of a member or authorized representative of a member
	April Renee Bryan Typed or printed name of signee
-	Typed or printed name of signec