

L23000321550

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

MAIL

(Business Entity Name)

(Document Number)

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SEP 22 2023

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07/24/23--01011--014 \*\*25.00

FILED  
23 SEP 15 PM 12:43  
FBI - MIAMI  
FALLS, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 18, 2023

ESTEBAN CASTRO  
4043 OVERLOOK DR NE  
ST. PETERSBURG, FL 33703 US

SUBJECT: IMMACULATE CLEANING LIMITED LIABILITY COMPANY  
Ref. Number: L23000321550

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name and title of the person signing the document must be noted beneath or opposite the signature.

The document must be signed by a member or an authorized representative of a 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: 023A00019147

SEP 15 2023

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: IMMACULATE CLEANING LIMITED LIABILITY COMPANY  
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:

ESTEBAN CASTRO

Name of Person

IMMACULATE CLEANING LIMITED LIABILITY COMPANY  
Firm/Company

4043 OVERLOOK DR NE

Address

ST PETERSBURG FL 33703

City/State and Zip Code

Immaculate house cleaning 727@Gmail.com

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

For further information concerning this matter, please call:

Santiago Castro  
Name of Person

at (727) 479-8083  
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

Immaculate cleaning limited liability company

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED  
23 SEP 15 PM 12:43  
STATE  
OF FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 07/06/2023 and assigned  
Florida document number L23000321550.

This amendment is submitted to amend the following:

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

Immaculate house cleaning Limited liability company

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)

4043 overlook DR NE, St. Petersburg,  
FL, 33703

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4043 overlook DR, NE, St. Petersburg,  
FL, 33703

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

City, Florida 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>
MGR	Esteban Castro	4043 overlook DR NE	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Santiago Castro	4043 overlook DR NE	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<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.

Esther C. [Signature]  
Signature of a member or authorized representative of a member

Typed or printed name of signee