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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

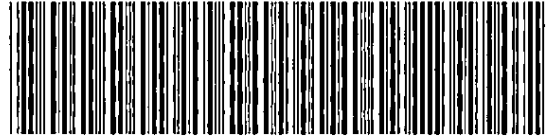
(Business Entity Name)

(Document Number)

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PINK SQUAD CLEANING SERVICE

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:

ANNIDIS POLANCO

Name of Person

PINK SQUAD CLEANING SERVICE

Firm/Company

5987 LEE VISTA BLVD APT 208

Address

ORLANDO FL 32822

City/State and Zip Code

pinksquadeleaningservice@gmail.com

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

For further information concerning this matter, please call:

ANNIDIS POLANCO

787 203-2789
at ()

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

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	ANNIDIS POLANCO	5987 LEE VISTA BLVD APT 208	<input checked="" type="checkbox"/> Add
		ORLANDO FL 32822	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	HARRY NEGRON PILLOT	5987 LEE VISTA BLVD APT 208	<input checked="" type="checkbox"/> Add
		ORLANDO FL 32822	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Please add the EIN # 93-4368345

[illegible]

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 November 13, 2023

Ames Deane

Signature of a member or authorized representative of a member

Annidis Polanco

Typed or printed name of signee

Filing Fee: \$25.00