

H220004154033

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

L22000515236

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(((H220004154033)))



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To:

Division of Corporations
 Fax Number : (850)617-6383

From:

Account Name : EXPERTAX
 Account Number : 120700000010
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 Fax Number : (321)206-9743

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ARROYO CLEANING SERVICES LLC

Certificate of Status	1
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ARROYO CLEANING SERVICES LLC
Name of Limited Liability Company

Dear Sir or Madam

The enclosed Statement of Correction and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

JONATHAN JOSUE FERNANDEZ ARROYO

Name of Person

Firm/Company

1207 LESTER DR

Address

KISSIMMEE, FL 34741

City/State and Zip Code

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

For further information concerning this matter, please call:

JONATHAN JOSUE FERNANDEZ ARROYO 787 396-5718
Name of Person Area Code Daytime Telephone Number

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

Enclosed is a check for the following amount:

☐ \$25 Filing Fee ☒ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

CR2E062 (9/15)

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STATEMENT OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

FIRST: The name of the limited liability company is: ARROYO CLEANING SERVICES LLC

SECOND: The Florida Document number of the limited liability company is: L22000515236

THIRD: Document to be corrected is: EFFECTIVE DATE

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

- ☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

WE WANT TO CHANGE THE EFFECTIVE DATE TO 01-01-2023

OR

- ☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

OR

- ☐ The electronic transmission of the record was defective.

Signature of Authorized Representative

Date

Signature of new registered agent, if applicable (NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

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.

JE

Registered Agent's Signature

Filing Fee: \$25.00
 Certified Copy: \$30.00 (optional)

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 MIAMI COUNTY, FL