## 123000326602

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| ·                                       |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
|   |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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07/28/23--01007--004 \*\*25.00

## **COVER LETTER**

| OTTE DESCRIP              | A PROFUNDA LLC   |
|---------------------------|--|
|                           | Name of Limited Liability Company                                  |
| The enclosed Articles o   | f Amendment and fee(s) are submitted for tiling.                   |
| Please return all corresp | condence concerning this matter to the following:                  |
|                           | DINISLAIDY GUERRA RIVERO   |
|                           | Name of Person   |
|                           |  |
|                           | LIMPIEZA PROFUNDA LLC  |
|                           | Firm/Company   |
|                           | 6236 CORNELL ROAD  |
|                           | Address  |
|                           | BRADENTON, FL 34207  |
|                           | City/State and Zip Code  |
|                           | PATRICK@GREASEFREESARASOTA.COM                                     |
|                           | E-mail address: (to be used for future annual report notification) |
| For further information   | concerning this matter, please call:                               |
| MARINA SCARR              | at ()  |
| Name                      | of Person Area Code Daytime Telephone Numb                         |

■ \$25.00 Filing Fee

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Enclosed is a check for the following amount:

☐ \$30.00 Filing Fee &

Certificate of Status

Street Address:

☐ \$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

☐ \$60.00 Filing Fee.

Certificate of Status & Certified Copy (additional copy is enclosed)

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

| (Name of the Limite) The Articles of Organization for this Limited Li                          | ed Liability Company as it now appears (A Florida Limited Liability Company) | on our records.)          | <del></del>            |
|--|--|---------------------------|------------------------|
| The Articles of Organization for this Limited Li   |  |                           |                        |
| Florida document number L23000326602   | ability Company were filed on 07/10  | )/23                      | and assigned           |
|  | ·  |                           |                        |
| This amendment is submitted to amend the follo   | owing:   |                           |                        |
| A. If amending name, <u>enter the new name of</u>  | the limited liability company here   | 2:                        |                        |
| The new name must be distinguishable and contain the wa  | ords "Limited Liability Company," the desi                                   | gnation "LLC" or the      | abbreviation "L.L.C."  |
| Enter new principal offices address, if applica  | able:  |                           |                        |
| Principal office address MUST BE A STREE   | T ADDRESS)   |                           |                        |
|  | -  |                           |                        |
| Enter new mailing address, if applicable:  | -  |                           |                        |
| Mailing address MAY BE A POST OFFICE I   | <u> </u>   |                           |                        |
|  | <del></del>  |                           |                        |
| B. If amending the registered agent and/or re<br>agent and/or the new registered office addres | egistered office address on our rec<br><u>s here</u> :                       | ords, <u>enter the na</u> | me of the new register |
| Name of New Registered Agent:  | DINISLAIDY GUERRA RIVERO   |                           |                        |
| New Registered Office Address:   |  |                           |                        |
|  | Enter Florida  | i street address          |                        |
|  |  | Florida _                 |                        |
| New Registered Agent's Signature, if changing R  | City   |                           | Zip Code               |

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.

stered 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>              | Address              | Type of Action |
|--------------|--------------------------|----------------------|----------------|
| MGR          | DINISLAIDY RIVERO        | <u> </u>             |                |
|              |                          |                      | ■Remove        |
|              |                          |                      | □Change        |
| AMBR         | DINISLAIDY GUERRA RIVERO | 6236 CORNELL ROAD    | ≣Add           |
|              |                          | BRADENTON, FL. 34207 | □ Remove       |
|              |                          |                      | □ Change       |
|              | <del></del>              |                      | □ Add          |
|              |                          | <u> </u>             | □Remove        |
|              |                          |                      |                |
|              |                          | - 19-200             |                |
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|              |                          |                      | □Change        |

|                                 | g any other info  |                                       |  |                       | •                                     | •   |                             |
|---------------------------------|---|---------------------------------------|--|-----------------------|---------------------------------------|---|-----------------------------|
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|                                 |   |                                       |  |                       |                                       |   |                             |
|                                 |   |                                       |  | "                     |                                       |   |                             |
| (If an effective Note: If the   | ate, if other than<br>date is listed, the date<br>date inserted in the<br>effective date on t | e must be speciti<br>iis block does i | c and cannot be price not meet the appli | cable statutory fili  | more than 90 days:                    | ptional) after filing.) Pursuant to this date will not be | 605,0207 (3<br>listed as th |
| he record spec<br>ord is filed. | iifies a delayed eff  | ective date, bu                       | t not an effective                       | time, at 12:01 a.m    | , on the earlier of                   | f: (b) The 90th day a                                     | after the                   |
| Dated JUIN                      | / 25  |                                       | . 2023                                   | <u>_</u> .            |                                       |   |                             |
| _                               | X All   | Signature                             | of a member or aut                       | norized representativ | e of a member                         |   | -                           |
| ı                               | DINISLAIDY GUI  | ERRA RIVER                            | 0  |                       |                                       |   |                             |
| _                               |   |                                       | Typed or prin                            | ted name of signee    |                                       |   | -                           |

THE CASE