L12000113090

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	- #\
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PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_· Certificates	s of Status
Cunnial Instructions to	Ciling Officer	
Special Instructions to	Filing Officer.	

Office Use Only



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07/27/15--01024--013 **35.00

SSRUTARY OF STATE

SEP 0 2 7815



August 20, 2015

TAMARA MIRANDA **2ND MAILING** P.O. BOX 678156 ORLANDO, FL 32867

SUBJECT: IVAMARA CLEANING SERVICE LLC

Ref. Number: L12000113090

We have received your document for IVAMARA CLEANING SERVICE LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION - INC, but your entity is a LIMITED LIABILITY COMPANY - LLC. Please complete and return the enclosed blank form(s).

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) 245-6051.

Stacey M Mason Regulatory Specialist II

Letter Number: 915A00015847



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 28, 2015

TAMARA MIRANDA 922 ALLWOOD PLACE ORLANDO, FL 32825

SUBJECT: IVAMARA CLEANING SERVICE LLC

Ref. Number: L12000113090

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Letter Number: 915A00015847

Stacey M Mason Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Ivamara Cleaning Service LCC 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:
Tamara Miranda Name of Person
Name of Person
Firm/Company
PO BOX 678156 Address
Address
Orlando, FL 32867 City/State and Zip Code
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tamara Miranda at (352) 988-9511 Name of Person Area Code Daytime Telephone Number
, ,
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ivamara	Cleaning Se	rvice
(Name of the Limited L. (A F	iability Company as it now appears or lorida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liabil Florida document number <u>L1200011309</u> This amendment is submitted to amend the following the submitted to a submitted	<u>O</u> .	9/04/12 and assigned
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the desig	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	<u> </u>	
(Principal office address MUST BE A STREET A	DDRESS)	·····
		Halles Holes, and the second of the second o
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:		ur records, enter the name of the nev
New Registered Office Address:		
	Enter Florida	street address
-	City	, Florida Zip Code
New Registered Agent's Signature, if changing Regis	•	zφ сои е
I hereby accept the appointment as registered as provisions of all statutes relative to the proper a accept the obligations of my position as register being filed to merely reflect a change in the regi company has been notified in writing of this cha	gent and agree to act in this cap und complete performance of my red agent as provided for in Cho istered office address, I hereby o unge.	oduties, and I am familiar with and apter 605, F.S. Or, if this document is confirm that the limited publicy
	II Unanging Registered Agent	Signature of New Registered Agent
	Page 1 of 3	9: 2! TATE ORID

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 = Au	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Andres M Moreno Acada	PO Box 679156	Add
		Orlando FL 32867	□ Remove
			Change
			Add
			□ Remove
			Change
			□ ∧dd
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		17 (A) CO	Change
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			Change

If amending any other	r information, enter	change(s) here: (Atto	ach additional sheets, ij	f necessary.)	
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Note: If the date insert	, the date must be specific a	nd cannot be prior to date on meet the applicable sta	of filing or more than 90 days tutory filing requirement	(optional) s after filing.) Pursuant to s, this date will not be	605.0207 (listed as t
	a delayed effective er the record is filed		ffective time, at 12:	01 a.m. on the ea	rlier of:
Dated Oligi	us f 28	, 2015.	,		
		a member or authorized re	~ _	20	
	_				enations.
	Tamai	ra Mira		SEP -	E AN BROWN
		Typed or printed name	of signee	A A SEE F	
		Page 3 of 3	,	P STA	

Filing Fee: \$25.00