

L13 000029676

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

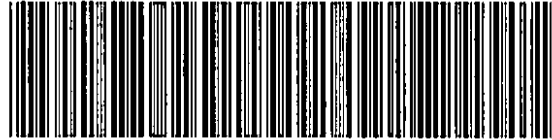
(Business Entity Name)

(Document Number)

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FILED  
2022 JAN 14 AM 6:17  
SECRETARY OF STATE  
TALLAHASSEE, FL

O Sliver

JAN 20 2022



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

2022 JAN 14 AM 8:08

SECRETARY OF STATE  
TALLAHASSEE, FL

August 20, 2021

SARA FLOREZ  
8051 N. TAMiami TRAIL  
STE A9  
SARASOTA, FL 34243

SUBJECT: SARASOTA PLUS CLEANING LLC  
Ref. Number: L13000029676

We have received your document for SARASOTA PLUS CLEANING LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Yvette Scott  
Document Specialist II

Letter Number: 621A00020073

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SARASOTA PLUS CLEANING, LLC

\_\_\_\_\_  
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:

SARA FLOREZ

\_\_\_\_\_  
Name of Person

FLOREZ ACCOUNTING & TAX SOLUTIONS, INC

\_\_\_\_\_  
Firm/Company

8051 N TAMiami TRAIL STE A9

\_\_\_\_\_  
Address

SARASOTA, FL 34243

\_\_\_\_\_  
City/State and Zip Code

SFACCOUNTINGSOLUTIONS@YAHOO.COM

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

For further information concerning this matter, please call:

SARA FLOREZ

941

351-9727

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

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

2022 JAN 14 AM 6:18

SARASOTA PLUS CLEANING LLC

~~(Name of the Limited Liability Company as it now appears on our records)~~ **SECRETARY OF STATE**  
(A Florida Limited Liability Company) **TALLAHASSEE, FL**

The Articles of Organization for this Limited Liability Company were filed on 02/26/2013 and assigned  
Florida document number L13000029676.

This amendment is submitted to amend the following:

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

MARU'S WATERSPORTS, LLC

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)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**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:

FLOREZ ACCOUNTING & TAX SOLUTIONS, INC

New Registered Office Address:

8051 N TAMiami TRAIL STE

*Enter Florida street address*

SARASOTA

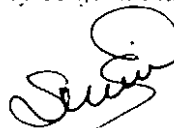
*City*

Florida FL 34243

*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**

**MGR = Manager**  
**AMBR = Authorized Member**

**AMBR = Authorized Member**

[illegible]

[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.

Signature of a member or author

Signature of a member or authorized representative of a member

MARIANA R. SALINAS (AMBR)  
Typed or printed name of signer

**Filing Fee: \$25.00**