## 13000051360

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SECRETARY OF STATE

APR 18 2013 J. BRYAN

## **COVER LETTER**

TO: Registration Section  Division of Corporations
SUBJECT: Pozo Latine Cleaning Services 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:
Janet Rota Name of Person
Firm/Company
Firm/Company  Gle26 South Goldenrood Pod  Address
6rlondo, FL 32822  City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Teret Proza at (401) 487-0471  Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  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

(Name of the Limited Liability Comp	leania Ser	vices UC
(A Florida Limited	d Liability Company)	records.)
The Articles of Organization for this Limited Liability Compar	ny were filed on April	8, 2013 and assigned
Florida document number <u>L 13000051360</u> .	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
BOZA LATINA Clear	ving Servic	es L.L.C.
The new name must be distinguishable and end with the words "Li "L.L.C."	mited Liability Company," the	designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		TALLE PROPERTY.
Enter new mailing address, if applicable:		A STATE OF THE PARTY OF THE PAR
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		ords, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Flor	ida street address
		Florida
	City	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 608, 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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGR	Jonet Roza	1010210 South GoldenRad	Add Add
		unit A.	Remove
		Orbando FL 32822	_
			Add
			Remove
		E FOR	Remove PR I
			Refflove
			-
			Add
			Remove
			Add
			Remove
			-
			Add
			Remove

If am'en	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
-d	pril 15
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member  To net Roza  Typed or printed name of signee
	n 3 - 63

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Filing Fee: \$25.00

