L18 COCO 15141

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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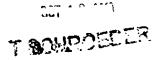
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COVER LETTER

AQVA SU SUBJECT:	RFACE CLEANING LLC		
SUBJEX, 1.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Omar Guasca		
	AQVA Surface Cleaning L	Name of Person	
	17462 SW 153rd CT	Firm/Company	
	Miami, FI, 33187	Address	
	management@aquacleansys		
For further information c	E-mail address: (oncorning this matter, please ca	to be used for future annual report notif all:	ication)
Omar Guasca		786 3563429	
Name c	f Person	Area Code Daytime	: l'elephone Number
Enclosed is a check for t	he 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

TO:

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

(<u>Name of the Limited Liability Company a</u> (A Fforida Limited Liabi	s it now appears on our re			
	lity Company)	cords.)		
The Articles of Organization for this Limited Liability Company were filed on 01/17/2018		and	and assigned	
Florida document number [.1800001514]				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability	company here:			
The new name must be distinguishable and contain the words "Limited Liability C	'ompany," the designation "	"LLC" or the abbreviation	n "L.L.C."	
Enter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADDRESS)		<u></u>	1 9	
_			<u> </u>	
		2.3	2	
Inter new mailing address, if applicable:		ring are	7	
Mailing address MAY BE A POST OFFICE BOX)		77.		
-		87:		
			ยา	

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

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
AMBR	Gustavo Guasca		□ Add
		17462 SW 153rd Ct Miami, Fl, 33187	■ Remove
			Change
AMBR	Maria Victoria Guasca	17462 SW 153rd CT Miami, Fl, 33187	■ Add
			Remove
			□ Change
			Add
			□ Remove
			□ Add □
			[] Change
			Add
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			☐ Change
			Add
			□ Remove
			Change

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Tective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be prior to date	(optional) c of filing or more than 90 days after filing.) Pursuant to 605.0
te: If the date inserted in this block does not meet the applicable s	
cument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an	offective time at 12:01 a.m. on the earlier
The 90th day after the record is filed.	enective time, at 12.01 a.m. on the came
ted SEPTEMBER 21ST 2019	
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Typed or printed name of signee

Filing Fee: \$25.00