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(Re	equestor's Name)	
(Ac	ldress)	
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PICK-UP	(Requestor's Name) (Address) (City/State/Zip/Phone #) CK-UP WAIT MAIL (Business Entity Name) (Document Number) s Certificates of Status	
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SECRETARY OF STALE

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AUG 21 2018

COVER LETTER

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TO: Registration Section Division of Corporations
SUBJECT: Roza Lating 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:
Name of Person
Roza Latina Cleaning Services LLC
5931 Bent Rine Drive Apt 112
Orlando FL 32822 City/State and Zip Code
janetvoza Qyahoo. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tanet E. Roza at (321) 230-7430 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee SCertificate of Status Certified Copy (additional copy is enclosed) S55.00 Filing Fee SCErtified Copy (additional copy is enclosed) S60.00 Filing Fee, Certified Copy (additional copy is enclosed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Roza Latina Clear	ning Services LL	<u> </u>
(Name of the Limited Liability Compan (A Florida Limited L.	iability Company)	
The Articles of Organization for this Limited Liability Company of Florida document number \(\L\8000\7701\dagger\). This amendment is submitted to amend the following:	were filed on 7/23/3018	and assigned
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabili Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	ity Company," the designation "LLC" or the abbrevia	ation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	nla	FILED STATE NOF CORPORATION
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		name of the new
Name of New Registered Agent:	11A	
New Registered Office Address:	Enter Florida street address	
	, Florida	
		ip 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

Page 1 of 3

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	Janet Roza	5831 Bent Pine Drive Aptila Orlando FL 33	<u>2</u>
			Remove
			Change
			Add
			□ Remove
			Change
			□ Add
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Note: If the da	e, if other than the e is listed, the date mu te inserted in this b ective date on the E	lock does not	meet the appli	icable statutor	ng or more than ry filing requi	(optio 90 days after trements, this	nal) iling.) Pursuant date will not b	to 605.02 e listed
	ecifies a delaye lay after the red			ot an effec	tive time, a	at 12:01 a	.m. on the e	earlier
Dated	8/13/		2019	<u>)</u> .				
		111	/. a member or aut					

Page 3 of 3

Filing Fee: \$25.00