

L18000197114

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

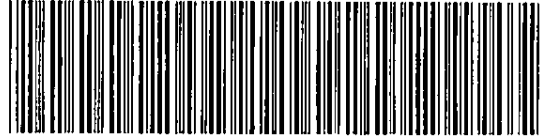
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL  
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TALLAHASSEE, FLORIDA

S. HUNT  
07/10/24

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** NARMAR CLEAN SOLUTIONS 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:

MIGUEL CASANOVA

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

NARMAR BUSINESS SOLUTIONS LLC

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

1000 BRICKELL AVE STE 715

\_\_\_\_\_  
Address

MIAMI, FLORIDA 33131

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

mcasanova@narmargroup.com

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

For further information concerning this matter, please call:

MIGUEL CASANOVA

305 206-4080  
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

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CLERK OF STATE

## NARMAR CLEAN SOLUTIONS LLC

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>	<u>Address</u>	<u>Type of Action</u>
MGR-S	MIGUEL CASANOVA	1000 BRCKELL AVE STE 715	<input type="checkbox"/> Add
		MIAMI, FLORIDA 33131	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	YARO SOLORZANO	1000 BRCKELL AVE STE 715	<input type="checkbox"/> Add
		MIAMI, FLORIDA 33131	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

CHANGE ARTICLE III to:

We deliver innovative business solutions that drive success and growth for our clients. Our comprehensive services address unique challenges, optimize operations, and ensure exceptional quality, providing clients with peace of mind and a competitive edge.

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TALLAHASSEE, FL

**E. Effective date, if other than the date of filing:** 07/01/2024 **(optional)**

(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)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated JULY 08, 2024

Signature of a member or authorized representative of a member

MIGUEL CASANOVA

Typed or printed name of signer