

L190000007899

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

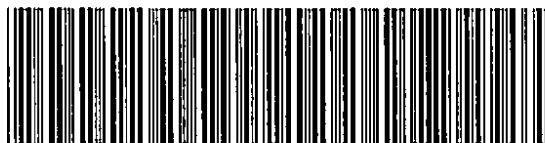
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/10/19--01009--009

**100.00

25.00

JUN 10 11:51 AM
CLERK'S OFFICE
TREASURY DEPARTMENT

06/10/19
CLERK'S OFFICE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Paradise Cleaning Services LLC
Name of Limited Liability Company

RECEIVED
JUN 10 2007

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Prly Celeste negron
Name of Person

Firm/Company

1226 Howell Ave
Address

Orlando FL 32807
City/State and Zip Code

~~ed@prly~~ Paradisecleaning@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

1 at (407) 547-0476
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Edenise Cleaning Services LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 01/07/2019 and assigned Florida document number L19000007899

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 Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1226 Hoselle Ave
Orlando, FL 32807

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1226 Hoselle Ave
Orlando, FL 32807

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:

Eddy Celeste Nazarov

New Registered Office Address:

1226 Hoselle Ave
Enter Florida street address
Orlando, Florida 32807
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 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.

Eddy C. Nazarov
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

Title	Name	Address	Type of Action
	Lydy Celeste Mayron	1226 Moselle Ave Orlando, FL 32807	<input type="checkbox"/> Add
		5678 Century 21 Blvd Orlando, FL	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Please Remove My Old address
5678 Century 21 Blvd, Orlando FL
32807

and add My New address
1226 Moselle Ave Orlando FL
32807

and My last name it's were Diaz
Now Negron

My New Name is Eidy Celeste Negron.

E. Effective date, if other than the date of filing: _____ (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 06/06/2019

Eidy Celeste Negron

Signature of a member or authorized representative of a member

Eidy Celeste Negron

Typed or printed name of signee

Florida

DRIVER LICENSE



N265-203-78-742-0



INEGRON
REYDY CELESTE
1226 MOSELLE AVE
ORLANDO FL 32807

DOB 07/02/1978 SEX F
EXP 07/02/2027 HGT 5-04
REST NONE END NONE

SAFE DRIVER

EXPIRES 05/10/2019
SDD 0754005108170



[Signature]

Operation of a motor vehicle constitutes
consent to any sobriety test required by law.

POWER