L19000125027

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: DIALIAS 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:

DAISY A. OTERO
Name of Person

Firm/Company

237 LINGERING LANE
Address

DELAND, FLORIDA 32724
City/State and Zip Code

EROSENVIRONMENTALLLC@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAISY OTERO at (386) 337-2836
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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

DIALIAS 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 05/08/2019 and assigned Florida document number L19000125027.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

ERO'S ENVIRONMENTAL CLEANING SERVICES, L.L.C.

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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: _____

New Registered Office Address: _____
Enter Florida 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 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

Title	Name	Address	Type of Action
VP	ELIJAH J. ESTELA	237 LINGERING LANE	■ Add
		DELAND, FLORIDA	☐ Remove
		32724	☐ Change
VP	ARAMIS OTERO	237 LINGERING LANE	☐ Add
		DELAND, FLORIDA	■ Remove
		32724	☐ Change
MGR	LILIA J. MONTALVO	2107 E ATMORE CIRCLE	☐ Add
		DELTONA, FLORIDA	■ Remove
		32725	☐ Change
MGR	BENJAMIN CORDERO	237 LINGERING LANE	■ Add
		DELAND, FLORIDA	☐ Remove
		32724	☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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

Please Change my Last Name. I have provided my marriage Certificat; as well as, my Social Security Cards front & Back. Showing my Legal "maiden" Name "DAISY A. Otero" and married Name Daisy Arlene Cordero. If possible Can this also be changed & Updated.

Thank you,

Dj A. Ot.

E. **Effective date, if other than the date of filing:** 08/27/2020 **(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 08/27/2020 . 1:55 PM.

Dj A. Ot.

Signature of a member or authorized representative of a member

DAISY A. OTERO

Typed or printed name of signee

Filing Fee: $25.00

Department of Health - Office of Vital Statistics

(STATE FILE NUMBER)

STATE OF FLORIDA
MARRIAGE RECORD

TYPE IN UPPER CASE
USE BLACK INK

2019-000329 DL

(APPLICATION NUMBER)

APPLICATION TO MARRY

1. NAME OF SPOUSE (First, Middle, Last): DAISY ARLENE OTERO	1b. MAIDEN SURNAME (if applicable):		2. DATE OF BIRTH (Month, Day, Year): 11/5/1981
3a. RESIDENCE - CITY, TOWN, OR LOCATION: DELAND	3b. COUNTY: VOLUSIA	3c. STATE: FLORIDA	4. BIRTHPLACE (State or Foreign Country): MASSACHUSETTS
5. NAME OF SPOUSE (First, Middle, Last): BENJAMIN CORDERO	5b. MAIDEN SURNAME (if applicable):		6. DATE OF BIRTH (Month, Day, Year): 10/9/1977
7a. RESIDENCE - CITY, TOWN, OR LOCATION: DELAND	7b. COUNTY: VOLUSIA	7c. STATE: FLORIDA	8. BIRTHPLACE (State or Foreign Country): NEW YORK

9. SIGNATURE OF SPOUSE: [signature]	10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE): 3/12/2019
11. TITLE OF OFFICIAL: DEPUTY CLERK	12. SIGNATURE OF OFFICIAL: [signature]
13. SIGNATURE OF SPOUSE: [signature]	14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE): 3/12/2019
15. TITLE OF OFFICIAL: DEPUTY CLERK	16. SIGNATURE OF OFFICIAL: [signature]

LICENSE TO MARRY

17. COUNTY ISSUING LICENSE	18. DATE LICENSE ISSUED	19a. DATE LICENSE EFFECTIVE	19b. EXPIRATION DATE
VOLUSIA	3/12/2019	3/15/2019	5/11/2019
20a. SIGNATURE OF COURT CLERK OR JUDGE: Laura E. Roth	20b. TITLE: CLERK OF THE CIRCUIT COURT		20c. BY D.C.: [signature]

CERTIFICATE OF MARRIAGE

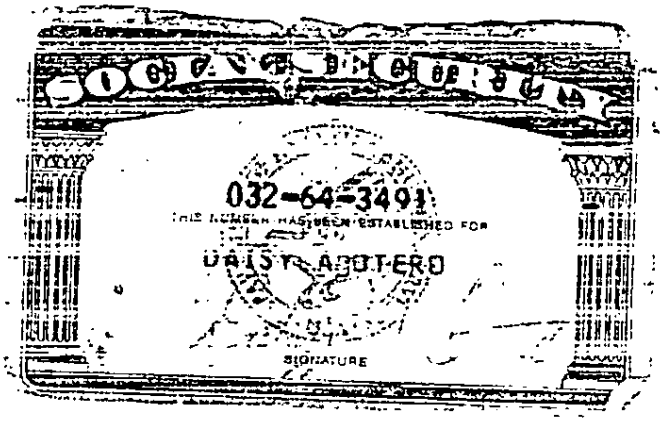
I HEREBY CERTIFY THAT THE ABOVE NAMED SPOUSES WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA.

21. DATE OF MARRIAGE (Month, Day, Year): 03/27/2019	22. CITY, TOWN, OR LOCATION OF MARRIAGE: VOLUSIA COUNTY COURTHOUSE DELAND FLORIDA
23a. SIGNATURE OF PERSON PERFORMING CEREMONY: [signature]	23c. ADDRESS (Of person performing ceremony): 101 N ALABAMA AVE DELAND FL 32724
23b. NAME AND TITLE OF PERSON PERFORMING CEREMONY: LISA D GOODWIN DEPUTY CLERK	24. SIGNATURE OF WITNESS TO CEREMONY: [signature]
	25. SIGNATURE OF WITNESS TO CEREMONY: [signature]

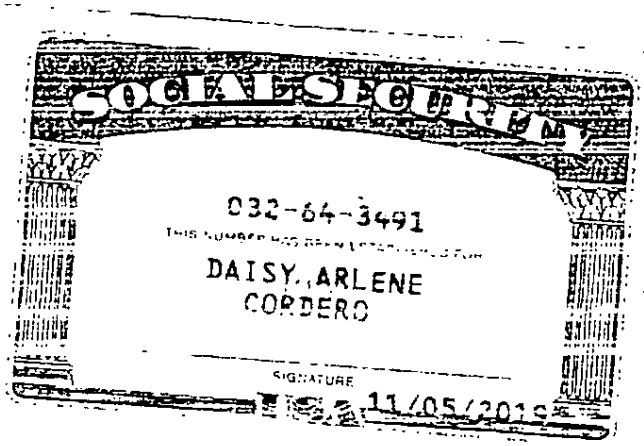
INFORMATION BELOW FOR USE BY VITAL STATISTICS ONLY - NOT TO BE RECORDED

THIS SECTION IS CONFIDENTIAL PER F.S. 741.04

STATE OF FLORIDA, VOLUSIA COUNTY
I HEREBY CERTIFY the foregoing is a true copy of the original filed in this office. This 27 day of March 2019
Clerk of Circuit and County Court



Maiden Name.



Married Name.

To whom it may Concern:

I was not Sure of What proof to Submit for Legal Name Change. I have provided my marriage Certificate, Social Security Cards (maiden/married).

Thank You,

This card is invalid for use of the number-holder unless
health or age prevents signature

improper use of this card and/or number by the number holder
punishable by fine, imprisonment or both

This card is the property of the Social Security Administration and
must be returned upon request. If found, return to:

SSA-ATTN: FOUND SSN CARD
P.O. Box [illegible]

Contact your local Social Security office for any other matter
regarding this card.

Department of Health and Human Services
Social Security Administration
FORM SSA-5 (4-84)

B11362818

This card belongs to the Social Security Administration and you must
return it if we ask for it.

Please fold and tape where indicated

P.O. Box 33008, Baltimore, MD 21290-3008

For any other Social Security matter, please contact your local
Social Security office. If you write to the above address about any
other matter than returning a found card you will not receive a response.

Social Security Administration
Form SSA-7000-OSC-2222