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M.Alvarez — 1909 NW 64 ^m CT. Hialeuh, Fl. 33015 (Address)			
(Ad	iuress)		
(Ci	ty/State/Zip/Phone #	Ŋ	
PICK-UP	☐ WAIT	MAIL	
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(Do	ocument Number)	· · · ·	
Certified Copies	_ Certificates o	f Status	
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COVER LETTER

Division of Cor	porations		
CHRIECT.	CA22,	4 Cleaning	
SUBJECT:		ited Liability Company	
The enclosed Articles of .	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Monica	B. AlVAREZ Name of Person	
		Name of Person	
	(a 22A	Chaning Firm/Company	
	19009 1	JW 64th CT. Address	
	Hiallar	7, Fl. 33015 City/State and Zip Code	
			0 (
	E-mail address: (1 (4 2800 @ 9 mail to be used for future annual report not	f - COM ification)
For further information e	oncerning this matter, please ca	all:	
Monica B	· Alvarez	at (954) 881 Area Code Daytin	-4580
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne 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)
		6	
<u>Mailing Addres</u> Registration S		<u>Street Address:</u> Registration Se	etion
Division of C		Division of Co	
P.O. Box 632	7	The Centre of 7	Fallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314



RECEIVED

2022 JAN 12 AM 11: 22

FLORIDA DEPARTMENT OF STATE Division of Corporations SECRETARY OF STATE TALLAHASSEE, FL

Letter Number: 621A00029574

December 8, 2021

MONICA ALVAREZ 19009 NW 64TH CT. HIALEAH, FL 33015

SUBJECT: CAZZA CLEANING, LLC.

Ref. Number: L19000268713

This will acknowledge receipt of your correspondence which is being returned for the following reason(s):

The fee to file an amendment is \$25.00 as no document or check was received.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist III

www.sunbiz.org

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

(Name of the Limited Liability Compa (A Florida Limited I	+N/NG-, 2LC.
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 19000 268 713</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	19009 NW 64th CT. Hialpah, Fl. 33015
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	19009 NW 64 th CT. Hialeah, Fl. 33015
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent: Alva@	1.02, Monica B.
New Registered Office Address: 19009	NW 6479 CT. Enter Florida street address
Hiale	74 , Florida 33.0/5
New Registered Agent's Signature, if changing Registered Agent:	<i>Dy</i> (800

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>	Name	Address	Type of Action
MGR	LaRochelle, Monica B.	9702 NW 7 "Circle, 1136	□Add
		Plantation, Fl. 33324	& Remove
			Change
MGR	Alvarez, Monica B.	19009 NW 64th CT.	□Add
		Hisleah, FL. 33015	□Remove
			∡ Change
AMBR	La Rochelle, Monica B.	9702 NW 7th circle, 1136	□Add
		Plantation, Fl. 33324	X Remove
			Change
AMBR	AlVAREZ, Monica B.	19009 NW 642 CT.	□Add
		Hixleah, Fl. 33015	□Remove
			X Change
			□Add
			□Remove
			□ Change
		 	DAdd
			□Remove
			□Change

	-
<u>ote:</u> If t	date, if other than the date of filing:
ecord spits filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ited	12/20 2021
	Signature of a peopler or authorized representative of a member
	Manica B. Alvarez Typed or printed name of signee

Filing Fee: \$25.00