

L20000303361

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

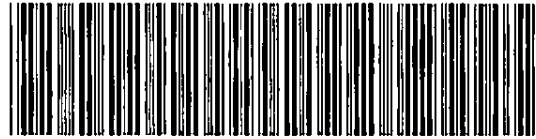
(Business Entity Name)

(Document Number)

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Filing Office

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Agulas 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:

Charles A Jimenez Popel
Name of Person

Firm/Company

6819 Robinswood Ln
Address

Tampa FL 33634
City/State and Zip Code

Anileida.jimenez@yahoo.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Anileida Jimenez at (786) 523-32-91
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 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**

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

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The Articles of Organization for this Limited Liability Company were filed on 09/25/2020 and assigned
Florida document number L20000303361

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

6819 Robinswood Ln
Tampa FL 33634

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6819 Robinswood Ln
Tampa FL 33634

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:

Carlos A Jimenez Pujol

New Registered Office Address:

6819 Robinswood Ln

Enter Florida street address

Tampa
City

Florida

33634
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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Anileidy Jimenez	6819 Robinswood Ln	<input type="checkbox"/> Add
		Tampa Fl 33634	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Carlos A Jimenez Pujol	6819 Robinswood Ln	<input checked="" type="checkbox"/> Add
		Tampa Fl 33634	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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Remove
Change
Add

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

Please remove Anthony Jimenez as AMBR

Please add Carlos A Jimenez Pineda as AMBR

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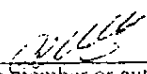
E. Effective date, if other than the date of filing: _____ (optional)

(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 October 13th, 2020.



Signature of a member or authorized representative of a member

Carlos A Jimenez Pineda

Typed or printed name of signer