

L21000052478

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

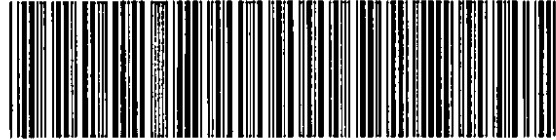
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2021 AUG 18 PM 12:54

SECRETARY OF STATE  
TALLAHASSEE, FL

8127121

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SERVICES CLEANING PLUS 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:

HUGO F RESTREPO

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

SERVICES CLEANING PLUS LLC

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

7234 36TH CT EAST

\_\_\_\_\_  
Address

SARASOTA FL 34243

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

JANAHEGROUP@GMAIL.COM

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

For further information concerning this matter, please call:

JANETH CARDENAS

1

9415807181

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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED

2021 AUG 18 PM 12: 54

SERVICES CLEANING PLUS LLC

(Name of the Limited Liability Company as it now appears on our records)  
(A Florida Limited Liability Company)

SECRETARY OF STATE  
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 01/28/2021 and assigned  
Florida document number L21000052478.

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:

4079 PRESCOTT ST

(Principal office address MUST BE A STREET ADDRESS)

SARASOTA FLORIDA 34232

Enter new mailing address, if applicable:

7234 36TH CT EAST

(Mailing address MAY BE A POST OFFICE BOX)

SARASOTA FLORIDA 34243

**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:

LUIS GABRIEL GUTIERREZ MUNOZ

New Registered Office Address:

4079 PRESCOTT STREET

*Enter Florida street address*

SARASOTA

*City*

Florida 34232

*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>
MGR	HUGO F RESTREPO	5560 ROSEHILL RD 205	<input type="checkbox"/> Add
		SARASOTA FL 34233	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ISABEL C SALGADO	5560 ROSEHILL RD 205	<input type="checkbox"/> Add
		SARASOTA FL 34233	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMGR	Luis Gabriel Gutierrez Munoz	4079 PRESCOTT STREET	<input checked="" type="checkbox"/> Add
		SARASOTA FLORIDA 34233	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

NOT APPLY

**E. Effective date, if other than the date of filing:** 10/01/2021 (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 AUGUST 10 2021

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

HUGO F RESTREPO

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**