L21000084218

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COVER LETTER

	egistration Sec Pivision of Corp		
erin nive		SERVICE BY ELSA LLC	
SUBJECT	l:	Name of Lim	nited Liability Company
The enclos	sed Articles of A	Amendment and fee(s) are sub	omitted for filing.
		ndence concerning this matter	
		ELSA PENA ALVAREZ	
			Name of Person
			Firm/Company
		614 SW 47TH ST, APT 2	
			Address
		CAPE CORAL, FL 33914	
			City/State and Zip Code
		NATALY012715@YAHO	
For further	information co	n-mail address: (oncerning this matter, please c	to be used for future annual report notification) all:
ELSA PES	NA ALVAREZ		786 560-0034 at ()
	Name of	Person	Area Code Daytime Telephone Number
Enclosed is	s a check for the	e following amount:	$\geq \frac{1}{1}$
≘ \$25.00) Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	lailing Address		Street Address:
	egistration Solivision of Co		Registration Section Division of Corporations
Ρ.	.O. Box 6327	7	The Centre of Tallahassee
Т	allahassee, F	L 32314	2415 N. Monroe Street. Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CLEANING SERVICE BY ELSA	LLC				
(Name of the Lim	ited Liability Company as (A Florida Limited Liabil	it now appears on ou ty Company)	r records.)	-	
The Articles of Organization for this Limited I	.iability Company were	e filed on 02/19/202	i	and ass	igned
Florida document number L21000084218	.				
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name of	of the limited liability	company here:			
The new name must be distinguishable and contain the	words "Limited Liability C	ompany," the designation	on "LLC" or the abbr	eviation "L.	L.C."
Enter new principal offices address, if appli	cable:				
(Principal office address MUST BE A STRE	<u>ET ADDRESS)</u>				
	.—	, ,			
Enter new mailing address, if applicable:	_				
(Mailing address MAY BE A POST OFFICE	<u> </u>				
					
B. If amending the registered agent and/or agent and/or the new registered office address.		ess on our records	, enter the name	of the nev	v registered
Name of New Registered Agent:	ELSA PENA ALVA	REZ			•
New Registered Office Address:	614 SW 47TH STRI	EET, APT 2		<u>.</u> 1	· ·
		Enter Florida stree	et address	S	7
	CAPE CORAL	_	, Florida ³³⁹¹	4 =	<u></u>
		City		Zip Code	
New Registered Agent's Signature, if changing	Registered Agent:			~	٠٠,

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	<u>Address</u>	Type of Action
P	ELSA PENA	614 SW 47TH STREET	□Add
		APT 2	■Remove
		CAPE CORAL, FL 33914	
AMBR	ELSA PENA ALVAREZ	614 SW 47TH STREET	= Add
		APT 2	□Remove
		CAPE CORAL, FL 33914	
			□Add
			□Remove
			≓ ⊃ ≥□Change
			□∧dd
			Remove
			□ Change
			□Add
			□Remove

			
			=======================================
			 :
Effective date, if other than th	e date of filing:	(optional)
I an effective date is listed, the date m	ust be specific and cannot be prior to date o block does not meet the applicable stat Department of State's records.	f filing or more than 90 days after filing autory filing requirements, this date	g.) Pursuant to 605.0207 (g will not be listed as t
Note: If the date inserted in this b			
Note: If the date inserted in this bedocument's effective date on the l	ive date, but not an effective time, at 1	2:01 a.m. on the earlier of: (b) T	he 90th day after the

Filing Fee: \$25.00