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COVER LETTER

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations				
SUBJECT:	Aveloz Clea	aning Services		
SUBJECT: Name of Limited Liability Company				
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Sara Lopez		
			Name of Person	····
		Aveloz Cleaning Services		
			Firm/Company	
		PO Box 745		
			Address	 .
		Loxahatchee FL 33470		
		····	City/State and Zip Code	
		info@aveloz.cleaning		
			to be used for future annual report no	tification)
For further in	oformation c	oncerning this matter, please co	all:	
Sara Lopez			561 819 9000 at ()	
-	Name o	f Person		me Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 F		☐ \$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)
Reg	iling Addres	Section	Street Address: Registration S	
DIV	asion of C	orporations	Division of Co	orporations

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

Aveloz Cleaning Services

(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our reco Liability Company)	rds.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000209046</u>	y were filed on 05/01/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LI	.C" 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 agent and/or the new registered office address here:	address on our records, <u>ente</u>	er the name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addr	TANK C
		1 50
· · · · · · · · · · · · · · · · · · ·	, l	FloridaZip`Code
New Registered Agent's Signature, if changing Registered Agent	<u>.</u>	~ :

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 lightlity company has been notified in writing of this change.

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	Lenick Bermudez	16871 Tangerine Blvd	
		Loxahatchee FL 33470	≣Remove
			□ Change
CEO	Sara Lopez	16871 Tangerine Blvd	
		Loxahatchee FL 33470	□Remove
			■ Change
C00	Madeline Quiros	16871 Tangerine Blvd	= Add
		Loxahatchee FL 33470	□ Remove
			□Change
			□ Add
		 	□ Remove
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	eloz Cleaning Experts				
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		10101#			
	if other than the date			(opti	
					filing.) Pursuant to 605.0207 s date will not be listed as
an effective dat		tment of State's rec		ming requirements, uni	s date will not be listed as
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