

121000231291

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

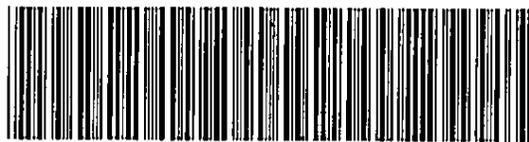
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
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FALLS CHURCH, VA

D. BRUCE
JUL 19 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AMARIS 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:

MICHEL AMARIS
Name of Person

AMARIS CLEANING SERVICES LLC
Firm/Company

8765 NW 112TH PATH
Address

DORAL, FL 33178
City/State and Zip Code

MICHEL.AMARIS@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHEL AMARIS at (786) 8633532
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

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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	MICHEL AMARIS	8765 NW 112TH PATH	<input type="checkbox"/> Add
		DORAL, FL 33178	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	JESSICA AMARIS	8765 NW 112TH PATH	<input type="checkbox"/> Add
		DORAL, FL 33178	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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2021 JUN 23 AM 11:18
RECEIVED
COMMUNITY DEVELOPMENT
DEPARTMENT

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

Multiple horizontal lines for amending information. A stamp on the right side reads: 2021 JUN 25 AM 7:18.

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 _____

Handwritten signature of Michel Amaris

Signature of a member or authorized representative of a member

MICHEL AMARIS

Typed or printed name of signee