

121 000 376 143

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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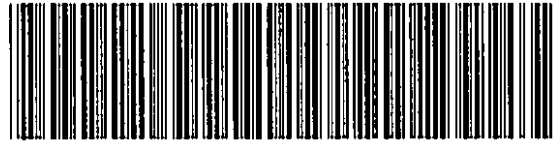
(Business Entity Name)

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C. BRUMBLEY  
JAN 20 2022

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** VASOL XCLUSIVE 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:

ROXANNA ANTONIETA SOLORZANO SOLIS  
\_\_\_\_\_

Name of Person

VASOL XCLUSIVE SERVICES LLC.,  
\_\_\_\_\_

Firm/Company

5126 ANZIO STREET  
\_\_\_\_\_

Address

ORLANDO, FL 32819  
\_\_\_\_\_

City/State and Zip Code

ROXANNASOLORZANOSOLIS@GMAIL.COM  
\_\_\_\_\_

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

For further information concerning this matter, please call:

ROXANNA ANTONIETA SOLORZANO SOLIS  
\_\_\_\_\_

Name of Person

407 936-5275  
at ( )

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

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

**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**

[illegible]

[illegible]

U/A -

**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.

Dated \_

12-9-21

ROXANNA ANTONIETA SOLORZANO SOLIS

Typed or printed name of signee