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(Re	equestor's Name)	
————(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
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COVER LETTER

TO:

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Pelirroja Ēir	npia Todo LLC		
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
Division of Corporations Pelincija Eimpia Todo LLC Name of Limited Liability Company Name of Limited Liability Company Name of Person Pirm/Company 7210 N Manhattan Ave Address Tampa Fl 33614 City/State and Zip Code yaraidy@gmail.com E-mail address: (to be used for future annual report autilication) or further information concerning this matter, please call: araidy Garcia Roque Name of Person 1 S 30.00 Filing Fee Certificate of Status City/State and Zip Code yaraidygr@gmail.com E-mail address: (to be used for future annual report autilication) or further information concerning this matter, please call: araidy Garcia Roque Name of Person S 30.00 Filing Fee © S 30.00 Filing Fee & Certificate of Status Certificate Copy tadditional copy is enclosed) Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Fl 32314 Salva Nonroe Street, Suite 810			
	Division of Corporations Petiroja Cimpia Todo LLC Name of Limited Liability Company osed Articles of Amendment and feets) are submitted for filing. tearn all correspondence concerning this matter to the following: Yaraidy Garcia Roques Name of Person Finus/Company 7210 N Manhattan Ave Address Tampa FL33614 City/State and Zip Code yaraidygr@gmail.com E-mail address: (to be used for future annual report notification) ner information concerning this matter, please call: Garcia Roque Name of Person Area Code Name of Person Tampa FL33614 City/State and Zip Code yaraidygr@gmail.com E-mail address: (to be used for future annual report notification) ner information concerning this matter, please call: Garcia Roque Name of Person Tall Area Code Name of Person Tall Area Code Status & Certificate of Status & Certific		
		Firm/Company	
	7210 N Manhattan Ave		
		Address	
	Tampa Fl 33614		
	E-mail address: ()	to be used for future annual report n	otification)
For further information c	oncerning this matter, please ca	all:	
Yaraidy Garcia Roque			
Name o		Area Code Dayt	ime Telephone Number
Enclosed is a check for th	ne following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Registration 9 Division of C P.O. Box 632	Section Corporations 27	Registration S Division of C The Centre of 2415 N. Mon	Section Corporations f Tallahassee roe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Pelirroja limpia todo LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 09/10/2021	and assigned
lorida document number L21000401970		
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
ara Cleaning Services LLC		
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbr	eviation "L.L.C."
nter new principal offices address, if applicable: <u>Principal office address MUST BE A STREET ADDRESS</u>)	7210 N Mnahattan Ave	
Principal office address MUST BE A STREET ADDRESS)	Tampa Fl 33614	
	same as above	
Inter new mailing address, if applicable:	mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)		
		
3. If amending the registered agent and/or registered office :	address on our records, enter the name	of the new regis
gent and/or the new registered office address here:		5
Name of New Registered Agent:		· .
New Registered Office Address:		- <u> </u>
New Registered Office Address.	Enter Florida street address	
	, Florida	ري ري
-	City	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 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>	Address	Type of Action
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change
			□Add
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			🗆 Add
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			[] Change
			□Add
		Remove	
			□Change
			□Add
			□Remove

	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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f an effective Note: Hith	date, if other than the date of filing:	5,0207 (ed as (
record spord is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day afte	r the
Dated	09/13/2021 Work	
-	Signature of a member of authorized representative of a member	

Filing Fee: \$25.00