

h22000015096

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

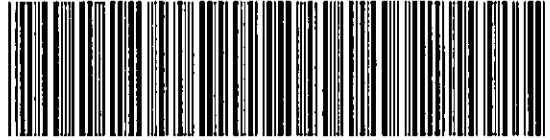
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

Sent Corr.

FEB 11 2022

ALBRITTON

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Only In Dade Cleaning And Moving Services LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Victor Martinez  
Name of Person

Only In Dade Cleaning And Moving Services LLC  
Firm/Company

19060 sw 125th ave  
Address

Miami, FL 33177  
City/State and Zip Code

onlyindadecleaningandmoving@outlook.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Victor Martinez at (786) 395-1551  
Name of Person Area Code Daytime Telephone Number

**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

Enclosed is a check for the following amount:

- ☒ \$25 Filing Fee      ☐ \$30 Filing Fee & Certificate of Status      ☐ \$55 Filing Fee & Certified Copy      ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

**STATEMENT OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

**FIRST:** The name of the limited liability company is: Only in Dade Cleaning & Moving Services LLC

**SECOND:** The Florida Document number of the limited liability company is: L22000015096

**THIRD:** Document to be corrected is: Effective date to be 01/26/2022 instead of 04/01/2022 *Articles of organization*

**(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)**

☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

Would like to change the effective date from 04/01/2022 to 01/26/2022

Also would like to change Victor Martinez from manager to Authorized Member

**OR**

☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**OR**

☐ The electronic transmission of the record was defective.

*Victor Martinez*  
Signature of Authorized Representative

01/26/2022  
Date

Signature of new registered agent, if applicable : ( NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

**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.*

*Victor Martinez*  
Registered Agent's Signature

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)

**FILED**  
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SECRETARY OF STATE  
TALLAHASSEE, FL