



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CAPITAL PRO SERVICES, LLC
Account Number : I202200000008
Phone : (772)249-5273
Fax Number : (772)264-6100

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: ESTRADAPAO199027@GMAIL.COM

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BUBBLES WE CLEAN FOR YOU LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

2022 MAR -8 PM 1:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2022 MAR -8 AM 10:29

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MAR 09 2022

COVER LETTER

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TO: Registration Section
Division of Corporations

SUBJECT: BUBBLES WE CLEAN FOR YOU, 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:

MYRIAM P. ESTRADA AYALA

Name of Person

BUBBLES WE CLEAN FOR YOU, LLC

Firm Company

778 SW BAYSHORE BLVD

Address

PORT ST LUCIE, FL 34953

City/State and Zip Code

ESTRADAPAO199027@GMAIL.COM

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

For further information concerning this matter, please call:

MADJOISE RAMIREZ, CAPITAL PRO SERVICES LLC 772 249-5273

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$50.00 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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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BUBBLES WE CLEAN FOR YOU, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 02/14/2022 and assigned
Florida document number 1.22000072637

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" 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 address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

Florida

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 Changing Registered Agent, Signature of New Registered Agent

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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	MYRIAM P ESTRADA AYALA	1609 SE TIFFANY CLUB PL	☐ Add
		PORT ST LUCIE, FL 34952	☐ Remove
			☐ Change
AMBR	MARITZA CASTANEDA	357 NW NORTH MACEDO BLVD	☐ Add
		PORT ST LUCIE, FL 34983	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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

F. 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 605.0297 (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 MARCH 8

2022

Signature of a member or authorized representative of a member

MADJOISE GRAMIREZ AGOSTO, CAPITAL PRO SERVICES - REGISTERED AGENT

Typed or printed name of signee

Filing Fee: \$25.00

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