

L22 0000 98454

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

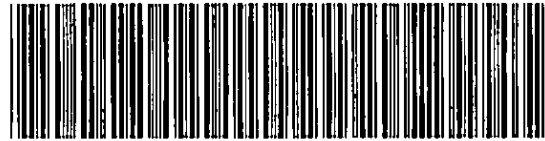
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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04/22/22--01017--005 \*\*25.00

*[Handwritten signature]*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 22, 2022

MANUELA PASCUAL PEREZ \*\*2ND MAILING  
830 SKY LAKE CIR, APT C  
ORLANDO, FL 32809

SUBJECT: GUERRERA CLEANING SERVICES LLC  
Ref. Number: L22000098454

We have received your document for GUERRERA CLEANING SERVICES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tekayla T Matthews  
OPS

Letter Number: 122A00016403

RECEIVED  
2022 OCT 14 AM 10:41

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: GUERRERA 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:

MANUELA PASCUAL PEREZ

Name of Person

GUERRERA CLEANING SERVICES LLC

Firm/Company

830 SKY LAKE CIR. APT C

Address

ORLANDO, FL 32809

City/State and Zip Code

manuelaperes1228@gmail.com

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

For further information concerning this matter, please call:

MANUELA PASCUAL PEREZ

at ( 407 ) 2597077

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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

GUERRERA CLEANING SERVICES 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 02/24/2022 and assigned  
Florida document number L22000098454.

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**

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         | JAVIER ESTRADA | 830 SKY LAKE CIR APT C. ORLANDO, FL 32809 | <input checked="" type="checkbox"/> Add |
|              |                |   | <input type="checkbox"/> Remove         |
|              |                |   | <input type="checkbox"/> Change         |
|              |                |   | <input type="checkbox"/> Add            |
|              |                |   | <input type="checkbox"/> Remove         |
|              |                |   | <input type="checkbox"/> Change         |
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|              |                |   | <input type="checkbox"/> Change         |

[illegible]

(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)

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.

MANUELA PASCUAL PEREZ

Signature of a member or authorized representative of a member

MANUELA PASCUAL PEREZ

Typed or printed name of signee

Document ID: 9df823f3b-7839-46ad-be3e-1ed1a6899de17