## L22000161016

(Re	questor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	cy/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
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22 JUL 18 PM 3: 02

T. MATTHEWS

JUL 25 2022



RECEIVED

### FLORIDA DEPARTMENT OF STATE Division of Corporations

Letter Number: 622A00013218

June 13, 2022

MELBA D. CRUZ 4913 ORLANDO AVE WEST PALM BEACH, FL 33417

SUBJECT: CIARA CLEANING LLC

Ref. Number: L22000161016

We have received your document for CIARA CLEANING 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.

#### COVER,LETŢER

	Registration S Division of Co			
SUBJEC	CIARA C	LEANING LLC		
SOBSEC		Name of Lim	ited Liability Company	<del></del>
The encl	osed Articles of	l'Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all corresp	ondence concerning this matter	to the following:	
		MELBA D CRUZ		
			Name of Person	
		CIARA CLEANING LLC		
			Firm/Company	
		4913 ORLANDO AVE		
			Address	
		WEST PALM BEACH, FL	33417	
			City/State and Zip Code	<del></del>
		CLMULTISERVICET@GN		
		E-mail address; (t	to be used for future annual report	notification)
For furthe	er information (	concerning this matter, please ca	til:	
MELBA	D CRUZ		561 3075820	
	Name o	of Person	at () Area Code Day	time Telephone Number
Enclosed	is a check for t	he following amount:		
\$25.0	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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION CLUBETARY OF STATE OF STATE ORGANIZATION'S

CIARA CLEANING LLC

22 JUL 18 PM 3: 02

(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 we	re filed on <u>04/04/20</u>	22 and assigned
Florida document number L22000161016	<del></del> -		
This amendment is submitted to amend the fo	ollowing:		
A. If amending name, enter the new name	of the limited liability	company here:	
N/A			
The new name must be distinguishable and contain the	e words "Limited Liability (	Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appl	licable:	1/A	
(Principal office address MUST BE A STRE	EET ADDRESS)		
	-		
Enter new mailing address, if applicable:	N	I/A	
(Mailing address MAY BE A POST OFFICE	E BOX)		
	_		
B. If amending the registered agent and/or	registered office add	ress on our record	ls, enter the name of the new registe
agent and/or the new registered office addr	ess nere:		
Name of New Registered Agent:	MELBA D CRUZ		
New Registered Office Address:	4913 ORLANDO A	VE	
		Enter Florida str	vet address
	WEST PALM BEA	СН	, Florida <sup>33417</sup>
		City	Zin 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.

1111 \ 1 2

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>	Type of Action
MGR MELBA D CRUZ	MELBA D CRUZ	4913 ORLANDO AVE	
		WEST PALM BEACH, FL 33417	
			🗏 Change
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
			□ Add
			□Remove
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•	
(If an ef Note:	ive date, if other than the date of filing:
he reco ord is f	rd 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 led.
Dated	July , 09 2022
	Signature of a member or authorized representative of a member
	MELUA CYUZ  Typed or printed name of signce