L22000218325

(Requestor's Name)
(Address)
(Address)
(Addiess)
(City/State/Zip/Phone #)
<u> </u>
PICK-UP WAIT MAIL
(Business Entity Name)
(business Entity Name)
_
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only





800390421998

07/05/22--01045--010 **25.00

2022 JUL -5 PM 2: 30
SECRETARY OF STATE
SECRETARY OF STATE

COVER LETTER

Registration Section Division of Corporations

TO:

	CLEANING SERVICES SWFL.	LLC		
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	oondence concerning this matter	to the following:		
	Juan Cespedes			201 5
		Name of Person		, LC 250
	ROSES CLEANING SER	VICES SWFL.LLC		2022 JUL -5 SECRETAR TALLAHASS
		Firm/Company		<u>m</u> -<
	28572 Alessandria Circle			PM 2: 50 of STATE E.FLORIU
		Address		30 A16 R10
	Bonita Springs, Fl 34135			3-
		City/State and Zip Code		-
	rosescleaningservicesswf1@			
	E-mail address:	to be used for future annual report noti	ification)	
For further information	concerning this matter, please of	all:		
Juan Cespedes		239 777-9035		
Name	of Person	at () Area Code Daytim	e Telephone Number	
Enclosed is a check for	the following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee &	□ \$55.00 Filing Fee &	□ \$ 60.00 Fi	
. .		(additional copy is enclosed)	Certified	Copy copy is enclosed)
Mailing Addr Registration Division of P.O. Box 63 Tallahassee.	Section Corporations 27	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	rporations Fallahassee e Street, Suite 8	10

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	ited Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited I	2/2022	and assigned	
Florida document number L22000218325	·		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liability company her	<u>e</u> :	
The new name must be distinguishable and contain the	words "Limited Liability Company," the des	signation "LLC" or the abbrev	iation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE.			22
		ARC H	
		A SS	
_			
Enter new mailing address, if applicable:		L (\)	
(Mailing address MAY BE A POST OFFICE	<u> </u>		C and
			6
B. If amending the registered agent and/or agent and/or the new registered office addr	ess here:	cords, <u>enter the name of</u>	<u> </u>
Name of New Registered Agent:	Juan Pablo Cespedes	 	
New Registered Office Address:	28572 Alessandria Circle		
	Enter Florid	da street address	
	Ropita Springs	, Fiorida _2.1125	
	City	2	Lip 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.

It 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>	Name	Address	Type of Action
AMBR	Megan Goddard	28572 Alessandria Circle	■Add
,		Bonita Springs, FL 34135	□Remove
			□ Change
			□Add
			SECRETATIVE Change
	•		SECRETARY OF STATE Remove
			Change
			□Add
			□Remove
			- Change
·			□Add
			□Remove
		 	☐ Change
			□Add
			□Remove

Typed or printed name of signee