

L22 000 291106

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

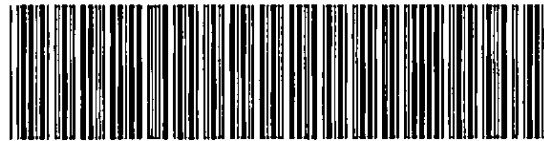
(Document Number)

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2022 JUL 25 PM 3:39

FILED

07/25/22--01029--000 --25.11

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BY THE SEA 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:

DIANA QUIROZ

Name of Person

BY THE SEA CLEANING SERVICES LLC

Firm/Company

8412 N LAGOON DRIVE

Address

PANAMA CITY BEACH FL 32408

City/State and Zip Code

dianagquiroz1984@gmail.com

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

For further information concerning this matter, please call:

LOREN E SINDT

850 869 7105
at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

FILED

BY THE SEA CLEANING SERVICES LLC

2022 JUL 25 PM 3:39

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

CLERK OF THE
SOLICITOR GENERAL'S OFFICE

The Articles of Organization for this Limited Liability Company were filed on 06/28/2022 and assigned
Florida document number L22000291106

This amendment is submitted to amend the following:

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

NONE

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:

NONE

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

NONE

(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:

NONE

New Registered Office Address:

NONE

Enter Florida street address

NONE

Florida

NONE

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	DIANA QUIROZ	8412 N LAGOON DRIVE	<input checked="" type="checkbox"/> Add
		PANAMA CITY BEACH FL 32408	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	KAREN TELLEZ	8412 N LAGOON DRIVE	<input type="checkbox"/> Add
		PANAMA CITY BEACH FL 32408	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

~~One~~ One owner - sole proprietor

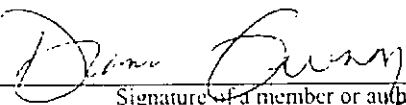
E. Effective date, if other than the date of filing: 06/28/2022 (optional)

(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 605.0207 (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 7/20/22 2022



Signature of a member or authorized representative of a member

DIANA QUIROZ

Typed or printed name of signee