

L22000372106

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

08/28/23--01037--003 **25.00

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

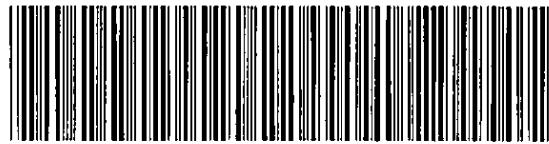
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A. PARISHANI

Aug 16 2023

2023 AUG 28 PM 12:21



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COVER LETTER

TO: Registration Section
Division of Corporations

MATIAS CLEANING ENTERPRISE LLC
SUBJECT: _____

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:

FABIANA L. S. MATIAS SOARES

Name of Person

2023 AUG 28 PM12:22

Firm/Company

4566 MIDDLEBROOK RDAPT F

Address

ORLANDO, FL 32811

City/State and Zip Code

fabidedegabi@gmail.com

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

For further information concerning this matter, please call:

FABIANA L. S. MATIAS SOARES

689 610-0531

Name of Person

at (_____
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)
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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

Filing Date
2023 AUG 28 PM 12:22

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MATIAS CLEANING ENTERPRISE 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 08/17/2022 and assigned Florida document number L22000372106

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	WASHINGTON LOPES DA SILV	4566 MIDDLEBROOK RD APT F ORLANDO, FL 32811	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
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			<input type="checkbox"/> Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

FULL NAME OF THE MEMBER IS: WASHINGTON LOPES DA SILVA MATIAS SOARES

COULD BE SET AS WASHINGTON - FIRST NAME L. S. - AS MIDDLE NAME INITIALS AND

MATIAS SOARES - LAST NAME.

2023 AUG 28 TH 12:22

E. 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 605.0207 (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 JULY 26TH 2023

Fabiana Matias Soares da Silva

Signature of a member or authorized representative of a member

FABIANA L.S. MATIAS SOARES

Typed or printed name of signee