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TO: Registration Section
Division of Corporations

THE ARIAS CLEANING LLC

SUBJECT:		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	SONIA ARIAS MORALI	ES	
	 	Name of Person	
	THE ARIAS CLEANING	LLC	
	15701 NW 28 CT	Firm/Company	
		Address	
	MIAMI GARDENS, FL.	33054	
	zonjarea25@ yahoo.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	leation)
For further information c	oncerning this matter, please ca	ıll:	
SONIA ARIAS MORA	LES	786 655-3107	
Name o	f Person	at () Area Code Daytime	: Telephone Number
Enclosed is a check for th	ne 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

TO ARTICLES OF ORGANIZATION OF

THE ARIAS CLEANING LLC (Name of the Limited Liability Company as it now appears on our records:))/ 28 Pil 2: 29 Florida document number _____1.22000458886 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

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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AR	SONIA ARIAS MORALES	15701 NW 28 CF, MIAMI GARDENS, FL 33054	□Add
			■Remove
			
MGR	SONIA ARIAS MORALES	15701 NW 28 CT MIAMI GARDENS, FL 33054	Change
	SONIA ARIAS MORALES	15701 RW 26 CT WHAWII CARDENS, FL 550.54	■Add
			□Remove
			□ Change
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			□Remove
			□Change

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ne reco	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 iled.
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