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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: FULL CI	LEAN AND MORE II LLC		
SOBJECT.		nited Liability Company	.
The enclosed Articles of	`Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	JOSE	AUGUSTO SARACHE CAYAM Name of Person	Α
	FULL CI	LEAN AND MORE II L	LC
		Firm/Company	
	:	27707 S. Dixie Hwy Apt 421 Address	
		Homestead FL 33032 City/State and Zip Code	
	E-mail address:	CLEANDOS@GMAIL.COM (to be used for future annual report noti	fication)
For further information of	concerning this matter, please c	all:	
JOSE AUGUSTO SAI	RACHE CAYAMA	at (<u>786</u>) 832-8661	mi C
Name o	f Person		e Telephone Number
Enclosed is a check for t	he 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 S Division of C P.O. Box 632 Tallahassee, S	Section Corporations 27	Street Address: Registration Seconds Division of Core The Centre of Tallahassee, FL	porations allahassee e Street, Suite 810

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

FULL CLEAN AND MORE II LLC (Name of the Limited Liability Company as it now appears on our records.)

	(A Florida Limited Li	iability Company)			
The Articles of Organization for this Limited L	iability Company v	were filed on 11/28/20)22	and assign	ned r
Florida document number L22000500991					, ;
This amendment is submitted to amend the foll	owing:			15 ñ	• .
A. If amending name, enter the new name o	f the limited liabil	lity company here:		V410: 05	
The new name must be distinguishable and contain the v	vords "Limited Liabilit	ty Company," the designa	tion "LLC" or the ab	breviation "L.L.(
Enter new principal offices address, if applic		27707 S. Dixie Hwy			
(Principal office address MUST BE A STREE	T ADDRESS)				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	27707 S. Dixie Hwy	Apt. 421 Homeste	au FL 53052	
B. If amending the registered agent and/or ragent and/or the new registered office address	egistered office ac ss here:	ddress on our record	s, <u>enter the nam</u>	e of the new r	<u>egistered</u>
Name of New Registered Agent:	JOSE AUGUSTO SARACHE CAYAMA				
New Registered Office Address: 27707 S. Dixie Hwy Apt. 421					
		Enter Florida str	eet address		
		Homestead	, Florida <u>_ 3</u> ;	3032	
		City	,	Zip Code	
New Registered Agent's Signature, if changing I	legistered Agents				

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

JOSE AUGUSTO SARACHE CAYAMA

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>	Address	Type of Action
MGR	WALTER J SARACHE	27707 S. Dixie Hwy Apto 421 Homestead FL 3303	² _□Add
			_ ■Remove
``````````````````````````````````````			_ 🗆 Change
AMGR	JOSE AUGUSTO SARACHE CAYAMA	27707 S. Dixie Hwy Apto 421 Homestead FL 33032	_ ■Add
			_ □Remove
			_ Change
			_Z023
			- ₹3 _ ☐Remove
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			□Change

f amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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fective date, if other than the date of filing:	be listed a
5/27/2023	20
$\frac{1}{\sqrt{1+\frac{1}{2}}}, \frac{1}{\sqrt{1+\frac{1}{2}}}, \frac{1}{\sqrt{1+\frac{1}{2}}}$	halî Eslî
Soundary St.	===
JOSE AUGUSTO SARACHE CAYAMA / WALTER J SARACHE / JUAN C RIVERA / ROBERTO J RINCON	:≫ — <u>-</u> :⊃
JOSE AUGUSTO SARACHE CAYAMA & WALTER J SARACHE & JUAN C RIVERA & ROBERTO J RINCON	
Typed or printed name of signee	-05

Filing Fee: \$25.00