

L23000071164

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

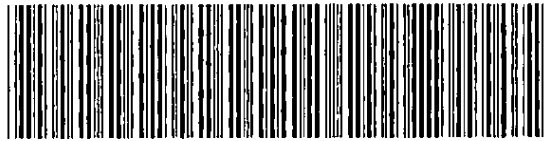
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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Florida Sweeping Management, 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:

Brenda Angelica Vega

Name of Person

Florida Sweeping Management, LLC

Firm/Company

4011 West Flagler Street, Ste 404

Address

Coral Gables, FL 33134

City/State and Zip Code

Bvegaftm@gmail.com

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

For further information concerning this matter, please call:

Brenda Angelica Vega

305 8428802

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Florida Sweeping Management, 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 February 8th, 2023 and assigned
Florida document number L23000071164.

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)

4011 West Flagler Street

Ste 404

Coral Gables, FL 33134

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4011 West Flagler Street

Ste 404

Coral Gables, FL 33134

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: Brenda Angelica Vega

New Registered Office Address: 4011 West Flagler Street, Ste 404

Enter Florida street address

Coral Gables, Florida 33134
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> |
|--------------|----------------------|--------------------------|--|
| MGR | Brenda Angelica Vega | 4011 West Flagler Street | <input checked="" type="checkbox"/> Add |
| | | Ste 404 | <input type="checkbox"/> Remove |
| | | Coral Gables, Fl 33134 | <input type="checkbox"/> Change |
| AMBR | Hector G. Vega | 4011 West Flagler Street | <input type="checkbox"/> Add |
| | | STE 404 | <input type="checkbox"/> Remove |
| | | Coral Gables, Fl 33134 | <input checked="" type="checkbox"/> Change |
| | | | <input checked="" type="checkbox"/> Add |
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2023.11.16 Fri 6:15

(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)

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 05. 30. 2023.

Signature of _____

Signature of a member or authorized representative of a member

Typed or printed name of signer