

L23000151744

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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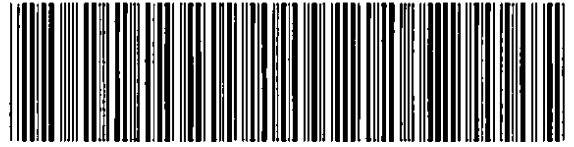
(Business Entity Name)

(Document Number)

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FILED
2023 SEP -6 PM 9:00
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CLEAN WITH ROSES 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:

MONSALVE CASTILLO, ROSENLY DEL ROSARIO

Name of Person

CLEAN WITH ROSES LLC

Firm/Company

8707 WHITE SWAN DR 201

Address

TAMPA, FL 33614

City/State and Zip Code

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

For further information concerning this matter, please call:

MONSALVE CASTILLO, ROSENLY DEL ROSARIO

Name of Person

407 433-2149
at (_____) _____
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

SECRETARY OF STATE
TALLAHASSEE, FL

2023 SEP -6 PM 9:00

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

CLEAN WITH ROSES 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 03/27/2023 and assigned
Florida document number L23000151744.

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)

3704 Carrollwood Place Circle

Apt 205

Tampa, FL, 33624

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3704 Carrollwood Place Circle

Apt 205

Tampa, FL, 33624

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>
AR	ROSELY, MONSALVE C, SRA	8707 WHITE SWAN DR 201	<input type="checkbox"/> Add
		TAMPA, FL 33614	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Monsalve Castillo, Rosely Del Rosario	3704 Carrollwood Place Circle	<input checked="" type="checkbox"/> Add
		APT 205	<input type="checkbox"/> Remove
		Tampa, FL, 33624	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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SECRETARY OF STATE
TALLAHASSEE, FL
2023 SEP -6 PM 9:00
RECEIVED

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

My name was filed incorrectly, need to file for an amendment to include my second last name and

to switch the order of my name, my legal name is MONSALVE CASTILLO, ROSENLY DEL ROSARIO

It did not fit the PDF document so I am putting it in the notes that's how it should appear in the

Authorized Person(s) detail, please and thank you.

FILED
2023 SEP - 6 PM 9:00
SECRETARY OF STATE
TALLAHASSEE, FL


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 September 2nd, 2023



(Signature of a member or authorized representative of a member)

Manager

Rosenly Monsalve Castillo

Typed or printed name of signee