

L23000362894

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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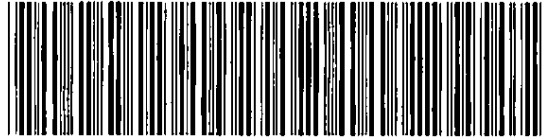
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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Y. SCOTT

OCT 14 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Open Skies Cleaning & Maintenance Service 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:

Maritza Lara
Name of Person

Lara Financial Group, Inc.
Firm/Company

27088 Chile Drive
Address

Punta Gorda, FL 33983
City/State and Zip Code

opsmanagement@yahoo.com
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Maria Valdez at (941) 221-9681
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**

Open Skies Cleaning & Maintenance Service 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 8/2/23 and assigned
Florida document number L23000362894

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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)

210 Sunset Blvd E.
Punta Gorda, FL 33982

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

210 Sunset Blvd E.
Punta Gorda, FL 33982

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:

Maria Valdez

New Registered Office Address:

210 Sunset Blvd E.

Enter Florida street address

Punta Gorda, Florida 33982
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.

Maria Valdez
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>
<u>Mgr</u>	<u>Leandro E. Perez Varona</u>	<u>3411 Rockman ST</u>	<input type="checkbox"/> Add
		<u>North Port, FL 34291</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>Mgr</u>	<u>Maria Valdez</u>	<u>210 Sunset Blvd E.</u>	<input checked="" type="checkbox"/> Add
		<u>Punta Gorda, FL 33982</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>Mgr</u>	<u>Hugo Rodriguez</u>	<u>210 Sunset Blvd E.</u>	<input checked="" type="checkbox"/> Add
		<u>Punta Gorda, FL 33982</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

[This section contains horizontal lines for amendments, which have been crossed out with a diagonal line.]

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E. Effective date, if other than the date of filing: 8/1/2023 (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 25, 2023.


Signature of a member or authorized representative of a member

Leandro E. Perez Varona
Typed or printed name of signee

Filing Fee: \$25.00