

L23 000 SHZ 372

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

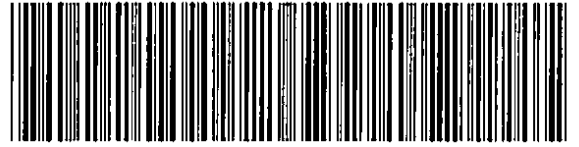
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CLERK OF COURT
JAN 31 2024

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HIVESTA ROBLES CLEANING 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:

SOFIA MARTINEZ

Name of Person

HIVESTA CAPITAL LLC

Firm/Company

2307 MOUNT VERNON STREET

Address

ORLANDO, FL 32803

City/State and Zip Code

SOFIA@HIVESTACAPITAL.COM

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

For further information concerning this matter, please call:

SOFIA MARTINEZ

407

603-9708

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

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	HIVESTA CAPITAL LLC	2307 MT VERNON STREET ORLANDO, FL 32803	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	GARZON, ANGELICA	2307 MT VERNON STREET ORLANDO, FL 32803	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	OCHOA, MARIA	1152 PEARL TREE ROAD DELTONA, FL 32725	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ROBLES, CAROLINA	1604 TRAVERTINE TERRACESANFORD, FL 32771	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ROBLES ROMAN, SOEDDY CAI	1604 TRAVERTINE TERRACE SANFORD, FL 3277	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

2084 JUL 31 PM 4:08
SECRET
TALL

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 JANUARY 5 2024

Signature of a member or authorized representative of a member

SOFIA MARTINEZ

Typed or printed name of signee