124000202609

(Requestor's Name)
(Address)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status

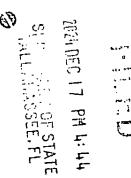
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Cover Letter

Date: December 13, 2024

ATT: Florida Department of State Division of Corporation

From: Ariuska P Valdes Phone: 786-489-2238

Address: 3240 NW 170th Street Miami Gardens, FL 33056

RE: Amend Authorized Manager

Corporation: ARIUSKA CLEANING SERVICES LLC

DOCUMENT# L24000202609

Amending Authorized person to manage:

Name: Ariuska P Valdes

Title: AMBR

COVER LETTER

	gistration Sec vision of Corp				
0110 11170		CLEANING SERVICES LLC			
SUBJECT:		Name of Limi	ted Liability Company		
		amendment and fee(s) are sub-			
		Ariuska P Valdes			
			Name of Person		
		ARIUSKA CLEANING S			
			Firm/Company		
		3240 NW 170TH STREET			
			Address		
		MIAMI GARDENS, FL 3			
		ariuskavaldes295@gmail.co	City/State and Zip Code		
		E-mail address: (to be used for future annual repo	rt notification)	
For further	information co	ncerning this matter, please ea	oil:		
Ariusk Val	des		786 489-22 at ()		
	Name of	Person	Area Code U	Daytime Telephone Number	
Enclosed is	a check for the	e following amount:			000
₩ \$25.00	Filing Fee	S30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Fi Certifica Certified (additional	* • ·

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

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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 remeyed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Ariuska P Valdes	3240 NW 170TH ST MIAMI GARDENS, FL 33056	
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Effective date,	, if other than the date of is listed, the date must be spec-	of filing:	a data at filing as mana	(option:	1) SSC P. (0) (0)
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	es a delayed effective date,	but not an effective tir	ne, at 12:01 a.m. on	the earlier of: (b)	The 90th day after th
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Dated	- r =		rized representative of	a member	

Filing Fee: \$25.90