L24 000 242 005

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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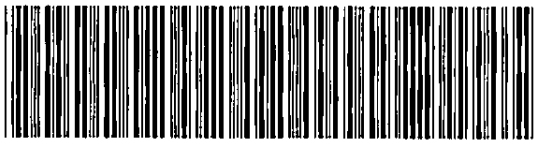

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24 JUN 12 AM 9:23
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: A.D.S. PROFESSIONAL CLEANING SERVICE FL 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:

DIVIANA DIOSELYN ROJAS- SALAS
Name of Person

LLC
Firm/Company

314 FILLMORE ST
Address

NAPLES, FL 34104
City/State and Zip Code

diviannarojas0128@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DIVIANA DIOSELYN ROJAS- SALAS at (239) 6726365
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

A.D.S. PROFESSIONAL CLEANING SERVICE FL 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 05 / 24 / 2024 and assigned Florida document number L24000242005.

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)

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

FILED
24 JUN 12 AM 9:23

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

Title	Name	Address	Type of Action
AMBR	PAEZ - TERAN, SUHANEX	314 FILLMORE ST NAPLES, FL 34104 UN	☐Add
			■Remove
			☐Change
AMBR	SILVA, ANGELA	314 FILLMORE ST NAPLES, FL 34104 UN	☐Add
			■Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change

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

MY NAME IS DIVIANA ROJAS MANAGER OF THE A.D.S COMPANY PROFESSIONAL CLEANING LLC

I AM SENDING THIS AMENDMENT BECAUSE TWO OF THE PEOPLE WHO WERE PART OF MY COMP.

HAVE DECIDED TO SEPARATE FROM IT FOR PERSONAL REASONS

AND WILL NO LONGER BE PART OF A.D.S. PROFESSIONAL CLEANING LLC

I REQUEST THAT THEY PLEASE BE REMOVED FROM THE GENERAL FILES OF MY COMPANY

THANK YOU VERY MUCH

E. Effective date, if other than the date of filing: 05 / 24 / 2024 **(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 JUNE 7 . 2024 .

Diviana R

Signature of a member or authorized representative of a member

DIVIANA DIOSELYN ROJAS- SALAS

Typed or printed name of signee

Filing Fee: $25.00

SUNBIZ.org DIVISION of CORPORATIONS
an official State of Florida website

Detail by Entity Name

Florida Limited Liability Company
A.D.S. PROFESSIONAL CLEANING SERVICE FL LLC

Filing Information

Document Number	L24000242005
FEI/EIN Number	NONE
Date Filed	05/24/2024
Effective Date	05/24/2024
State	FL
Status	ACTIVE

Principal Address

314 FILLMORE ST
NAPLES, FL 34104 UN

Mailing Address

314 FILLMORE ST
NAPLES, FL 34104 UN

Registered Agent Name & Address

ROJAS - SALAS, DIVIANA D
314 FILLMORE ST
NAPLES, FL 34104

Authorized Person(s) Detail

Name & Address

Title MGR

ROJAS - SALAS, DIVIANA D
314 FILLMORE ST
NAPLES, FL 34104 UN

Title AMBR

PAEZ TERAN, SUHANEX
314 FILLMORE ST
NAPLES, FL 34104 UN

Title AMBR

SILVA, ANGELA
314 FILLMORE ST
NAPLES, FL 34104 UN

Annual Reports

No Annual Reports Filed

Document Images

05/24/2024 -- Florida Limited Liability View image in PDF format

YOUR SOCIAL SECURITY CARD

ADULTS: Sign this card in ink immediately.
CHILDREN: Do not sign until age 18 or your first job, whichever is earlier.

Keep your card in a safe place to prevent loss or theft.
DO NOT CARRY THIS CARD WITH YOU.
Do not laminate.

SOCIAL SECURITY

VALID FOR WORK ONLY
WITH DHS AUTHORIZATION

750-89-5922

THIS NUMBER HAS BEEN ESTABLISHED FOR

DIVIANA DIOSELYN
ROJAS SALAS

Diviana R

SIGNATURE

04/11/2024

USA

CARD

allow others to use your number
or stolen. Do not carry your card
nt their misuse
efit record if your name, U.S
need to file an application for a
other evidence supporting the

rity number exactly as shown on

eping purposes, which is neither
number is a private matter between
from your Social Security record

ust tell you its authority for
ling it is mandatory or voluntary.
cial Security card will be marked
provide your number to an
ow your U.S. immigration

Social Security card will be
nigration officials if you use the

ov to get information or use our

Florida TEMPORARY IDENTIFICATION CARD USA

DL/ID R224-164-92-529-0
1 ROJAS SALAS
2 DIVIANA DIOSELYN
3 514 FILLMORE ST
4a 8 NAPLES FL 34104
3 DOB 01/29/1992 15 SEX F
4b EXP 04/02/2025 16 HGT 5'-01"
4a ISS 05/10/2024
5 DD N7224051001 25

Diviana R