

L19000 115844

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

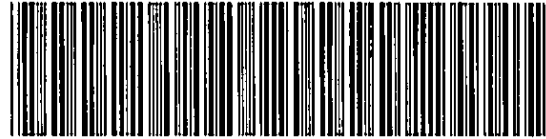
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2019 MAY 15 PM 1:56

FILED

Amend
Name chg

MAY 30 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 2M CLEANING SOLUTION 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:

MABEL DOMINGUEZ EUSEBIO
Name of Person

Firm/Company

12409 SOUTHERN BAYON PL.
Address

TAMPA FL 33612
City/State and Zip Code

MABELD90@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MABEL DOMINGUEZ EUSEBIO at (813) 802-4097
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

2M CLEANING SOLUTION 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 _____ and assigned
Florida document number L19000115844

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

2M CLEANING SOLUTIONS LLC

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)

17409 SOUTHERN BAYOA PL
TAMPA FL 33612

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

MABEL DOMINGUEZ EUSEBIO

New Registered Office Address:

12409 SOUTHERN
Enter Florida street address

TAMPA Florida FL 33612
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.

Mabel Dominguez Eusebio
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	MABEL DOMINQUEZ EUSEBIO	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		MABEL DOMINGUEZ EUSEBIO	<input checked="" type="checkbox"/> Change
AMBR	MARIBAL BLANDON BLANSON	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		MARIBAN BLANDON BLANDON	<input checked="" type="checkbox"/> Change
		_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
		_____	<input type="checkbox"/> Add
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		_____	<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.)

Multiple horizontal lines for amending information.

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 MAY 13TH, 2019

Mabel Dominguez Eusebio

Signature of a member or authorized representative of a member

MABEL DOMINGUEZ EUSEBIO

Typed or printed name of signee