

L19000279435

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

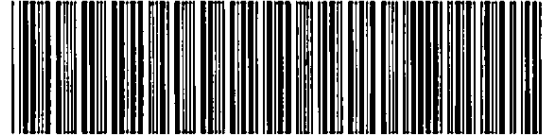
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2020 AUG 24 PM 2:17
SECRETARY OF STATE
TALLAHASSEE, FL

10/9/20
CW

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MAXICLEAN PROS 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:

LUIS MATA SOLANO

Name of Person

MAXICLEAN PROS LLC

Firm/Company

2742 CARLSON CIRCLE APT 202

Address

MELBOURNE, FL 32901

City/State and Zip Code

paolamarin91@gmail.com

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

For further information concerning this matter, please call:

PAOLA MARIN

754

2302214

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED

MAXICLEAN PROS LLC

2020 AUG 24 PM 2: 17

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 11/08/2019 and assigned
Florida document number L19000279435.

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:

2742 CARLSON CIRCLE APT 202

(Principal office address MUST BE A STREET ADDRESS)

MELBOURNE, FL 32901

Enter new mailing address, if applicable:

2742 CARLSON CIRCLE APT 202

(Mailing address MAY BE A POST OFFICE BOX)

MELBOURNE, FL 32901

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:

MARIN MATA, PAOLA B.

New Registered Office Address:

2742 CARLSON CIRCLE APT 202

Enter Florida street address

MELBOURNE

Florida

32901

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.

Paola Marin

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>
AMBR	MARIN MATA, PAOLA B.	2742 CARLSON CIRCLE APT 202	<input type="checkbox"/> Add
		MELBOURNE, FL 32901	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	MATA SOLANO, LUIS	2742 CARLSON CIRCLE APT 202	<input checked="" type="checkbox"/> Add
		MELBOURNE, FL 32901	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MARQUES, GEORGE P.	11538 SW 55 CT	<input type="checkbox"/> Add
		COOPER CITY, FL 33330	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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(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)

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.

Paola Varin
Signature of a member or authorized representative of a member

Typed or printed name of signee