# L20000255859

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to Filling Officer.

Office Use Only



100354129631

10/23/20--01001--028 \*\*25.00

DIVISIJA OF CORPORATIONS TALLAHASSEE FLORIDA

26.Jul 22.7719:21

OCT 23 2020

# **CORPORATE**

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

#### WALK IN

			1 1 6 0000 8 8 1
		PICK UI	P: <u>10/22/2020</u>
		CERTIFIED COPY	
	XX	РНОТОСОРУ	
		CUS	
	XX	FILING	LLC AMENDMENT
1.		MAIDS OF PARKLAND, LI (CORPORATE NAME AND DOCUMENT	C (r #)
2.		(CORPORATE NAME AND DOCUMENT	Γ#)
3.		(CORPORATE NAME AND DOCUMEN	Γ#)
4.		(CORPORATE NAME AND DOCUMENT	Γ#)
5.		(CORPORATE NAME AND DOCUMENT	Γ#)
6.		(CORPORATE NAME AND DOCUMEN"	l`#)
	ECIA TRU	L ICTIONS:	
			· · · · · · · · · · · · · · · · · · ·

#### **COVER LETTER**

	Registration Se Division of Cor					
cup ic		arkland, LLC				
SUBJEC	1;	Name of Lim	ited Liability Company	у		
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please ret	rum all correspo	ondence concerning this matter	to the following:			
		Ingrid Scott				
			Name of Person	n		
		Maids of Parkland, LLC				
			Firm/Company	,	<del></del>	
		6220 NW 76 Ct.				
		Address				
Parkland, Fl 33067						
		ingridpscott@gmail.com	City/State and Zip (	Code	<del></del>	
			to be used for future ar	nnual report notification	)	
For further	er information of	concerning this matter, please c	ali:			
Ingrid Sc	ott		954 at (	394-7227		
	Name o	of Person	Area Code	Daytime Telep	hone Number	
Enclosed	is a check for t	he following amount:			•	
<b>≡ \$25.</b> 0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Certified Cop (additional copy	ру	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Addres			eet Address: gistration Section		
1	Cegistration .	occurrent.	יייי	Programon pection		

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

2210 62 7710:27 Maids of Parkland, 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 \_\_\_\_\_\_ and assigned Florida document number L20000255859 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) NA 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: New Registered Office Address: Enter Florida street address \_, Florida \_\_\_\_\_\_ 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 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>	Address 2520 0 m co	Type of Action
AMBR	Ingrid Scott	6574 N. STATE RD. 7, Coconut Creek #422, Fl 33073	. 10: 27 <b>□Add</b>
			□Remove
			<b>⊞</b> Сһалде
AMBR	Jose A Scott	6574 N. STATE RD. 7, Coconut Creek #422, Fl 33073	□ Add
			□ Remove
		(FILE) (FILE) 2 C (C . 1.422 FI 2207)	
MGR	Dasia M Scott	6574 N. STATE RD. 7, Coconut Creek #422, Fl 33073	□Add
			□ Remove
			🗏 Change
AMBR	Nia M Scott	6574 N. STATE RD. 7, Coconut Creek #422, Fl 33073	□Add
			🖹 Remove
			□Change
			□Add
			□Remove
			□Change
<del></del>			□Add
			□ Remove
			□ Change

Jose A Scott: Update to AMBR	2000 Oc. 22 Litin: 27
Dasia M Scott: Update to MGR	<u> </u>
Nia M Scott: Remove	
	,
ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prote: If the date inserted in this block does not meet the approximent's effective date on the Department of State's record	(optional) rior to date of filing or more than 90 days after filing.) Pursuant to 605.020 plicable statutory filing requirements, this date will not be listed as rds.
record specifies a delayed effective date, but not an effectiv	re time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
l is filed.	و ر
l is filed.	ル 0
l is filed.	

Filing Fee: \$25.00