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## FLORIDA DEPARTMENT OF STATE Division of Corporations

August 27, 2021

MAMA CLEANING SERVICES LLC 4232 LAKE RICHMOND DR ORLANDO, FL 32811

SUBJECT: MAMA CLEANING SERVICES LLC

Ref. Number: L20000328156

Mys

We have received your document for MAMA CLEANING SERVICES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is incomplete. The document should contain the Cover Letter and 4 Amendment pages. Please see the attached packet for the complete document. On the first page of the articles of amendment please list the current LLC name(MAMA CLEANING SERVICES LLC).

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Catherine M Brumbley Regulatory Specialist II

Letter Number: 221A00020692

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAMA	cleaning Dervices LLC
(Name of the Limited) (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)
The Articles of Organization for this Limited Liab Florida document number $\cancel{L2.6000}$	ility Company were filed on 10/15/2021 and assigned 578156
This amendment is submitted to amend the following	ing:
A. If amending name, enter the new name of the	le limited liability company here:
Enter new principal offices address, if applicable (Principal office address MUST BE A STREET)	le: 4232 LAKE
Enter new mailing address, if applicable:	<u></u>
(Mailing address MAY BE A POST OFFICE BO	<u></u>
B. If amending the registered agent and/or registered office address by	istered office address on our records, <u>enter the name of the new registered</u> here:
Name of New Registered Agent:  New Registered Office Address:	H233 LAKE RICHMOND DR  ORLANDO Florida Street address City Florida Lip 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

or removed fi	Authorized Person(s) authorized to man rom our records:	nage, <u>enter the title, nan</u>	ie, and address of each	person being added
MGR = Ma AMBR = Au	nager thorized Member			
<u>Title</u>	<u>Name</u>	Address		Type of Action
HOR	Albelardo Haddad	1200 West	Au Ap. 523	🗆 Add
		Miami Bear	ty, A. 33139	=Remove
			 	©Change
<u> 1460</u>	Rosa Elisa Haddad			<b>@_</b> Add
		Kissummer	R. 72 34741	□Remove
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D. If amending any other information, enter change(s) here: (Attach addition	ul sheets, if necessary.)
E. Effective date, if other than the date of filling:	
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more Note: If the date inserted in this block does not meet the applicable statutory filing redocument's effective date on the Department of State's records.	(optional) than 90 days after filing.) Pursuant to 605,0207 (3)(b) quirements, this date will not be listed as the
f the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on record is filed.	he earlier of: (b) The 90th day after the
Dated August 24 , 2021	
Positive Haddad Signature of a member or authorized representative of a	member
Posc Elisa Haddoc Typed or printed name of signee	l

Filing Fee: \$25.00