

L21000170254

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

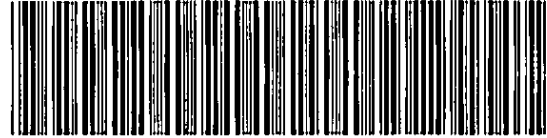
(Document Number)

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06/08/21--01022--010 **25.00

2021 JUN -3 PM 2:47

7/1/21

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **MARGARET'S CLEANING SERVICES 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:

YESENIA M ANDRADE DURON

Name of Person

MARGARET'S CLEANING SERVICES LLC

Firm/Company

7210 N MANHATTAN AVE

Address

TAMPA, FL 33614

City/State and Zip Code

TDATALLC@GMAIL.COM

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

For further information concerning this matter, please call:

YESENIA M ANDRADE DURON

Name of Person

at (**813**) **802 - 3131**

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**

MARGARET'S CLEANING SERVICES 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 04/13/2021 and assigned
Florida document number L21000170254.

This amendment is submitted to amend the following:

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

I do not amending the name of the limited liability company

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:

I do not amending the offices address

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

I do not amending the offices address

(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:

I do not amending the registered office address

New Registered Office Address:

I do not amending the 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.

I do not amending the registered office address

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>ANDRADE DURON, YESENIA M</u>	<u>7210 N MANHATTAN AVE</u>	<input type="checkbox"/> Add
		<u>TAMPA, FL 33614</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>AMBR</u>	<u>ANDRADE DURON, YESENIA M</u>	<u>7210 N MANHATTAN AVE</u>	<input checked="" type="checkbox"/> Add
		<u>TAMPA, FL 33614</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

I do not amending any other information.

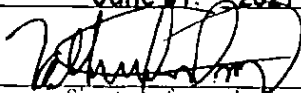
E. Effective date, if other than the date of filing: 04/12/2021 (optional)

(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 01, 2021



Signature of a member or authorized representative of a member

ANDRADE DURON, YESENIA M

Typed or printed name of signee

Filing Fee: \$25.00

Florida

TEMPORARY

DRIVER LICENSE



140000A536-973-79-728-0

1 ANDRADE BURON
2 YESENIA MARGARITA
3 1710 N MANHATTAN AVE
4 TAMPA, FL 33614-3711

5 DOB 03/28/1979 SEX F

6 EXP 06/26/2021 HGT 5-06"

7 REST NONE 8a END NONE

SAFE DRIVER

9a ISS 10/01/2019

509 K71939210

REPLACED 10/21/2019

Operation of a motor vehicle constitutes
consent to any sobriety test required by law.

