

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

L24000208543

Note: Please print this page and use it as a cover sheet. Type the tax audit number (shown below) on the top and bottom of all pages of the document.

((H24000208543 3))



H240002085433ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : DAMARIS ACCOUNTAX SERVICE CORP
Account Number : I20210000135
Phone : (305)851-6977
Fax Number : (786)350-2077

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

24 JUN 14 PM 3:20
STATE OF FLORIDA
DIVISION OF CORPORATIONS

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GEM PRIME CLEANER LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

M. SOLOMON

JUN 14 2024

0 JUN 14 2024 15:56
DIVISION OF CORPORATIONS
STATE OF FLORIDA

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

H24000208543 3

GEM PRIME CLEANER 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 03/22/2024 and assigned Florida document number L24000156081.

This amendment is submitted to amend the following:

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

N/A

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(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:

N/A

New 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.

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

H24000208543 3

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	GERMANIA MENA	15024 SW 104 STREET	<input checked="" type="checkbox"/> Add
		APT 2211	<input type="checkbox"/> Remove
		MIAMI, FL 33196	<input type="checkbox"/> Change
VP	EDGAR FAJARDO	15024 SW 104 STREET APT 2211	<input type="checkbox"/> Add
		MIAMI, FL 33196	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

24 JUN 15 09 56 20
 STATE OF FLORIDA
 DEPARTMENT OF REVENUE
 TAMPA, FLORIDA

H24000208543 3

H24000208543 3

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

ADD GERMANIA MENA AS THE MANAGER OF THE COMPANY

REMOVE EDGAR FAJARDO AS VP OF THE COMPANY

24 JUN 14 PM 3:20

NOT A STATE OFFICE

E. Effective date, if other than the date of filing: 06/14/2024 (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 14 2024

Germania Mena

Signature of a member or authorized representative of a member

GERMANIA MENA

Typed or printed name of signee

H24000208543 3

Filing Fee: \$25.00