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COVER LETTER

Division of Cor	rporations	•	
SUBJECT: MAN	Dy'S MER-MA	ID CLEANING SI ited Liability Company	ERVICE LLC
The enclosed Articles of Please return all correspond	Amendment and fee(s) are sub ondence concerning this matter	mitted for filing. to the following:	ERVICE LLC
	ARMANDO R	Name of Person	
	MANDY'S ME	R-MAID CLEANING	G SERVICE, LLC
	<u>PO BOX 962</u>	Address	
		FL. 33.070 City/State and Zip Code	
	<u>mandysme</u> E-mail address: (i	maid@AoL. co	M fication)
For further information c	oncerning this matter, please ca		
ARMANDO 7 Name o	Rulz	at (<u>305</u>) <u>896 - 6</u> Area Code Daytime	4214 e Telephone Number
Enclosed is a check for the	ne following amount:		
IX \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	[4].\$60.00 Filing Fee. Certificate of Status & Certified Copy

MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee. FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MANDY'S MER-MAID CLEANING SERVICE LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

	company were filed on 2-1-2001 and assigned
Florida document number <u>L070001405</u>	<u>:9</u> .
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	ited liability company here:
NIA	
The new name must be distinguishable and contain .5534 ESA(E)	THE THE THE PERSON OF THE PROPERTY OF THE PERSON OF THE THE
Enter new principal offices address, if applicable:	N(A
(Principal office address MUST BE A STREET ADDR	RESS)
Enter new mailing address, if applicable:	NIA
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or regis	stered office address on our records, enter the name of the new
registered agent and/or the new registered office add	
ν σν ο · · · · · · · · · · · · · · · · · ·	
Name of New Registered Agent: AR	RMANDO RUIZ
New Registered Office Address: 93	911 0 S HWY SUITE 4 Enter Florida street address
T	AVERNIER Florida 33070
	City Zip Code

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 = M $AMBR = A$	lanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			# ¹ Add
١	V A		#Remove
1	1 A		#.Change
			[#]Change
			Add
			[編]Remove
			:::Change
			(\fi)Add
			Remove
			[#] Change
	-	_	[\$]Add

[#]Remove

_III.Change

	N A	
		
	<u>. </u>	
		
ffec	date, if other than the date of filing: 3-8-19 (optional)	
an e	date, if other than the date of filing: 3-8-19 (optional) re 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 605.02 re date inserted in this block does not most the applicable statutory filing requirements, this date will not be listed.	207 (3)(l
S H	ne date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed	as the
atec	MARCH 8	
	(1)	
	Signature of a member or authorized representative of a member	
	ARMANDO RUIZ Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00