## 42000036063

(Re	questor's Name)	
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## **COVER LETTER**

Tallahassee, FL 32314

TO: Registration Sec Division of Corp					
SUBJECT: Mi	mis Maid	Services LLC.			
	Name of Lim	ited Liability Company			
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.			
	ndence concerning this matter	-			
·	•	-			
	Kuterine C	ObleuTZ Name of Person			
		Name of Person			
		Firm/Company			
	7563 On	ulo no			
	7767 Pla	ado Dr. Address			
	Sacasota	FL 34235			
	700,000	City/State and Zip Code	<del></del>		
	Sarasota bayse E-mail address: (	FL 34235 City/State and Zip Code  FUICES @ OUTLOOK.C to be used for future annual report notif	ication)		
For further information ec	oncerning this matter, please ca				
Joseph Cobl	lentz	at (941) 3/3~ Area Code Daytime	0283		
Name of	Person	Area Code Daytimo	e Telephone Number		
Enclosed is a check for the	e following amount:				
\$25.00 Filing Fee	S30.00 Filing Fee &	☐ \$55,00 Filing Fee &	□ \$60.00 Filing Fee,		
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Address	<u>s:</u>	Street Address:			
Registration Section		Registration Section			
Division of Co P.O. Box 632	•	Division of Corp The Centre of T			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mimis Maid Services LLC

(Name of the Limited Liability Compa (A Florida Limited I	liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L12000036063</u>	were filed on 03/14/201	2 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Sarasota Bay Services LL The new name must be distinguishable and contain the words "Limited Liabil	. С	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	3563 Prado	Dr.
(Principal office address MUST BE A STREET ADDRESS)	Sarasota, Fl.	34235
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		<del></del>
B. If amending the registered agent and/or registered office a	iddress on our records, enter the nai	e = 3
agent and/or the new registered office address here:		•
		<u> </u>
Name of New Registered Agent:		<u>-9</u>
New Registered Office Address:		<del></del>
	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 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

Title	<u>Name</u>	Address	Type of Action
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			□Remove
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ord specific filed,	s a delayed effec	tive date, but n	iot an effective	time, at 12:01 a	i.m. on the earlie	er of: (b) The 9	0th day after th
d Feb	<u> 2. 18+</u>	h	20/2	21.			
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Filing Fee: \$25.00