L13000014372

(F	Requestor's Name)	
(<i>f</i>	Addiess)	<u> </u>
(A	Address)	
(0	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Name)	
(0	Document Number)	
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COVER LETTER

TO:

	istration Se ision of Cor			
elidicat.	Miami Lanc	l Surveyors LLC		
SUBJECT:		Name of Limi	ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Ariel Mendez		
			Name of Person	
		Family Mendez Big Clean	I.LC	
			Firm/Company	
		11222 SW 229 terrace		
			Address	
		Miami, FL 33170		
			City/State and Zip Code	
		arielmendez75@yahoo.com		
		E-mail address: (to be used for future annual report no	tification)
For further in	nformation c	oncerning this matter, please ca	all:	
Ariel Mende	z		305 742-3241	
	Name o	f Person		me Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 I	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	iling Addres gistration S		<u>Street Address:</u> Registration S	ection
	_	orporations	Division of Co	
). Box 632		The Centre of	
Tal	llahassee, l	FL 32314	2415 N. Monre	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Miami Land Surveyors, LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	y were filed on 05/01/2014	_ and assigned
Florida document number L13000014372		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
Family Mendez Big Clean, LLC		
The new name must be distinguishable and contain the words "Limited Liab	ility Company." the designation "LLC" or the abbre	eviation "L.L.C."
Enter new principal offices address, if applicable:	11222 SW 229 Terrace Miami, FL 33170	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name?	The state of the s
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	Zip Code
	C tiy	гір Сош

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 addedor removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
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fectiv	e date, if other than the date of filing: (optional) tive 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
n effec ote: I	tive 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 fithe date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed
	nt's effective date on the Department of State's records.
ecord is file	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
ted _	/5/2023
_	- Can
	[/ ///]
	Signature of a mambar or authorized representation of a monthly
	Signature of a member or authorized representative of a member