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# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Miguel'S Home and Commercial 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:
Caloria Zamarriga-Sanchez Name of Person
Firm/Company
18150 Adams CIV
TEMMUS, F1 33947 City/State and Zip Code  MIGULIS home Services @ Dutlank, Com  F-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\times \text{S25.00 Filing Fee & Certificate of Status}\$\$ \text{Certified Copy (additional copy is enclosed)}\$\$ \text{Certified Copy (additional copy is enclosed)}\$\$ \text{Certified Copy (additional copy is enclosed)}\$\$

MAILING ADDRESS:

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

### STREET/COURIER ADDRESS:

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

# TO ARTICLES OF ORGANIZATION OF

Miguel's Home and Commercial Services, CCC
(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 Liabi Florida document number		filed on $\frac{1120}{2}$	014 and a	assigned
This amendment is submitted to amend the followi	ing:			
A. If amending name, enter the new name of the	e limited liability o	ompany here:		
The new name must be distinguishable and contain the words	s "Limited Liability Cor	пралу," the designation "LLC"	or the abbreviation	"L.L.C."
Enter new principal offices address, if applicable	e:			
(Principal office address MUST BE A STREET A	ADDRESS)	·	<del></del>	
			2019	
Enter new mailing address, if applicable:			. (.:	
(Mailing address MAY BE A POST OFFICE BO	<u></u>			
		<del></del>	<del></del>	<u>- : - : - : - : - : - : - : - : - : - :</u>
				<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office		ddress on our records	, enter the nam	ie of the new
Name of New Registered Agent:			<u></u>	
New Registered Office Address:				
		Enter Florida street address		
_		, Flo	orida	
		īry	Zip Coo	de
New Registered Agent's Signature, if changing Regi	istered Agent:			
I hereby accept the appointment as registered a provisions of all statutes relative to the proper of accept the obligations of my position as register being filed to merely reflect a change in the reg- company has been notified in writing of this cha	and complete perfo red agent as provia istered office addre	rmance of my duties, and ed for in Chapter 605, F	d I am familiar v F.S. Or, if this do	with and ocument is

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

## or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Miguel Sanchez	18150 Adams Cir. Ft. myurs	MAdd
		rt.rngos	□ Remove
			Change
	<del></del>		Add
		<del></del>	☐ Remove
			□ Change
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effo e:	ve date, if other than the date of filing:
rec he	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
ted_	June 1 2019.
	Signature of a member or authorized representative of a member
	tilona Z Sanchez
	Typed or printed name of signee

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Filing Fee: \$25.00