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| (Re | equestor's Name) | |
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| (Ac | ddress) | |
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| (Ci | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | usiness Entity Nar | me) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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SECNETARY OF STATE ALLAHASSEEL FLORIDA

HARITI 6 19918 D. BRUCE

COVER LETTER

| Division of Co | rporations | | | |
|----------------------------|---|---|---|------|
| SUBJECT: MOL | ds in Pano | ima City U | <u> </u> | |
| • | Name of Lim | ited Liability Company | | **, |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | 1 | |
| Please return all correspo | ondence concerning this matter | to the following: | | |
| | trey | Stad Hicks: Name of Person | | |
| | | Firm/Company | | |
| | 12524 C | Address | | |
| | Youngsto | City/State and Zip Code | 466 | |
| | E-mail address: (| to be used for future annual report noti | zil.Com | |
| For further information of | concerning this matter, please ca | ail: | = | |
| hrystal | Hicks | at (850) 357 | ALCOS 4 ARE A | 71 |
| Name o | of Person | Area Code Daytim | e Telephone Number 3 | |
| Enclosed is a check for t | he following amount: | | PF A | M |
| \$25.00 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certificate of State Certified Copy (additional copy is enc | us & |
| | | | | |

MAILING ADDRESS:

TO:

Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Maids in (Name of the Limited Liability | Company as it now appears on our r Limited Liability Company) | ecords.) | | |
|--|--|------------------|--------------------|-----|
| ` ; | | • | | |
| The Articles of Organization for this Limited Liability Co | | ,-1Cp | and assigned | |
| Florida document number LIGOOUF96 | <u>₹</u> | | | |
| This amendment is submitted to amend the following: | | | | |
| A. If amending name, enter the new name of the limit | ed liability company here: | , | | |
| The new name must be distinguishable and contain the words "Limit | Hial and Commed Liability Company," the designation | "LLC" or the abb | reviation "L.L.C." | 3W |
| Enter new principal offices address, if applicable: | | | | |
| Principal office address MUST BE A STREET ADDRI | ESS) | | . | _ |
| | | • | | _ |
| Enter new mailing address, if applicable: | | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | | |
| | | | | |
| B. If amending the registered agent and/or registered agent and/or the new registered office addre | | cords, enter t | he name of the | new |
| · | | XHA XHA | E T | • |
| Name of New Registered Agent: | | <u> </u> | | _ |
| New Registered Office Address: | | <u> </u> | <u> </u> | _ |
| | Enter Florida street a | iddress 도양 문화 | <u>,</u> 0 | |
| | Citv | _, Florida 📶 | Zip Code | _ |
| | = | | 4 = | |

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

| • | - | | | | | | | | | |
|-----------|--------------------------------------|------------------|---------------------------------------|--------------|---------------|-----------------|---------------|-----------------|------------------|-------------|
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| effective | date is listed, the date inserted in | date must be sp- | ecific and o | cannot be pr | | | re than 90 da | ays after filin | g.) Pursuai | |
| | effective date o | | | | | diory mine | requireme | | 2016 | . oc nsice |
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Filing Fee: \$25.00