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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: MAS CLEANING SUPPLIES, 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:	
HENRY RODRIGUEZ Name of Person	
MAS CLEANING SUPPLIES, LLC Firm/Company	
4101 NW 124 TH AVE	
CORAL SPRINGS FL 33065 City/State and Zip/Code	
E-mail address: (to be used for future annual report notification)	<u>:</u>
For further information concerning this matter, please call:	
HENRY RODRIGUEZ at (914) 544 9666 Name of Person at (914) Daytime Telephone Number	TOY OF SIA
Enclosed is a check for the following amount:	
S25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certificate of Status Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	

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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

1400 0150 1016	0.00/8-0		13
MAS CLEANING (Name of the Limited Liability) (A Florida Li	SOPPUES (Company as it now appears on	our records.)	and assigned
			5 0.0
The Articles of Organization for this Limited Liability Con	npany were filed on11	22/2017	_ and assigned
Florida document number <u>L17000241387</u>		' '	
This amendment is submitted to amend the following:			7,3
A. If amending name, <u>enter the new name of the limite</u>	d liability company here:		
The new name must be distinguishable and contain the words "Limited	AT Shilling	A STATE OF THE STA	minimum I C.
The new name must be distinguishante and contain the words. Climited	a Liability Company, the design	nation LLC of the apor	eviation L.L.C.
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE.	<u>SS)</u>		
	 		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our recor	rds, <u>enter the name</u>	of the new registered
agent and of the new registered office address here.			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida s	street address	
		Florida	
	City	_	Zip Code
Your Dagistared Agent's Signature, if shanging Dagistared 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

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	DAYVANA SOTO MILANO	4101 NW 124th AVE CORAL SAGNAS, FL 33065	_ (Dxdd
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
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			□Remove
			[]Channa

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Note:	tive date, if other than the date of filing: 03 03 200 (optional) Tective 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 605.0207 (3) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
the reco	rd 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 iled.
Dated	03 05 2020 Handway Signature of a niember or authorized representative of a member
	Signature of a memory of authority of representative of a memory
	The or printed name of signed

Filing Fee: \$25.00