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## **COVER LETTER**

Division of Corporations
SUBJECT: MRS CLEANING OCALA SERVICES CC
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
SANDRA BARRERA  Name of Person  Firm/Company
724 NE 31d St
City/State and Zip Code  Cleaning Occil 2 © 9 mail o Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
SANDRA BARRERA at 786 859 131 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\bigcup \\$30.00 Filing Fee \& Certificate of Status \$\bigcup \\$60.00 Filing Fee, Certified Copy (additional copy is enclosed) \$\bigcup \\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)

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

SANBA CLEANING	OF OCALA LL	
( <u>Name of the Limited Liability Compan</u> (A Florida Limited L	y as it now appears on our records.) lability Company)	1
The Articles of Organization for this Limited Liability Company of Florida document number \(\bigcup \frac{1}{2} \frac{2}{2} \cdot 000 \frac{2}{2} \text{A } \frac{9}{2}	were filed on $APRILOP$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
MRS (LEANING OCALA) The new name must be distinguishable and contain the words "Limited Liabili"	SERVICES L ty Company," the designation "L.I.C" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	724 NE BROCALA FL	PST 34470
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	724 NE 3R OCALA FC	9 ST 3 4470
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		nter the name of the nev
Name of New Registered Agent:	NIA	TP 12
New Registered Office Address:	Enter Florida street address	AH 9:
	. Florid	10 10 10
	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 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 add or removed from our records:

MGR = Manager AMBR = Authorized Member

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(If an effective date is liste Note: If the date inser	her than the date of f ed, the date must be specific erted in this block does n date on the Department	c and cannot be prior to conot meet the applicable			ling.) Pursu	
	s a delayed effective fter the record is fil		n effective time,	at 12:01 a.ı	n. on th	ie earlier
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Filing Fee: \$25.00