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COVER LETTER

TO: Registration So Division of Co		`	•
SUBJECT:	Maid For	Mon LLC	
	, while William	nce Basiney Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		JAY Swor d Name of Person	
	Mai	d For Mou LL(Firm/Company	· /
	1193 SE Port	Address Lucie Blud # Address Lucie FL, 34 City/State and Zip Code Duaid for Mom. To be used for future annual report notes	140
	Ports	Lucie, FL, 34	1952
	Info (E-mail address: (Waid for Mom. to be used for future annual report notif	Wet
For further information of	oncerning this matter, please co	all:	
Cla Name c	1 Sword of Person	at (772) 800 - Area Code Daytime	8505 Telephone Number
Enclosed is a check for t	ne following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional cony 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document numberLi8000091844	were filed on 4/13/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	Ity Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	K/ IA	
(Mailing address MAY BE A POST OFFICE BOX)		FH L: 2
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	ffice address on our records, <u>en</u> e:	ter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Flordia strept address	
	, Florida	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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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Dated		Signa	uture of a m	ember or auth	norizet repri	esentative of	a member			

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