## 118000189029

(Requestor's Name)
(Address)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(200,1000 21,111,1100,110)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

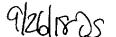
Office Use Only



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## **COVER LETTER**

	CLEANING SERVICE, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
	spondence concerning this matter		
	CHANTALE POULARD		
	MAYLIS CLEANING SERV	Name of Person TICE ,LLC	
		Firm/Company	
	710 EUSTON AVE S		
	Address LEHIGH ACRES,FL,33974		
		City/State and Zip Code	le
	E-mail address: (	to be used for future annua	al report notification)
For further information	i concerning this matter, please co	all:	
CHANTALE POULARD		239 6 at () _	927362
Nam	e of Person	Area Code	Daytime Telephone Number
Enclosed is a check fo	r the following amount:		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee Certified Copy (additional copy is e	Certificate of Status
	ILING ADDRESS:		ET/COURIER ADDRESS:
Registration Section Division of Corporations P.O. Box 6327		Divisio	ation Section on of Corporations Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Maylis Store, LLC	
(Name of the Limited Liability Company a (A Florida Limited Liabi	is it now appears on our records.) ility Company)
The Articles of Organization for this Limited Liability Company we derida document number L18000189029	re filed on and assigned
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability	y company here:
MAYLIS CLEANING SERVICE ,LLC	
he new name must be distinguishable and contain the words "Limited Liability C	Company," the designation "L.L.C." or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	- RS
	NO.
nter new mailing address, if applicable:	
Aailing address MAY BE A POST OFFICE BOX)	C)
	ليا
<del>-</del>	<del></del>
. If amending the registered agent and/or registered office egistered agent and/or the new registered office address here:  Name of New Registered Agent:	e address on our records, enter the name of the n
New Registered Office Address:	Enter Florida street address
	. Florida
	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 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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			Change
			Add
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ee e a e e a a	and the Contract	08/07/2018		( t)	
ffective date, if other that an effective date is listed, the d	an the date of filing late must be specific and	g:	e of filing or more than	( <b>optional)</b> 90 days after filing.) Pu	rsuant to 605,020
lote: If the date inserted in ocument's effective date on			tatutory filing require	ements, this date will	not be listed a
e record specifies a de The 90th day after th		late, but not an	effective time, a	t 12:01 a.m. on	the earlier o
09/18/ ated	٠.	2018			

Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee