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

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A. BUTLER APR 0 7 2022

COVER LETTER

TO: Registration Sect Division of Corpo		,	,
SUBJECT: M	Maids land	ed Liability Company	aning, LLC
The enclosed Articles of A	mendment and fee(s) are subm	itted for filing.	
Please return all correspon	dence concerning this matter to	the following:	
	Christia H	Munic of Person	
	Memorids	Commercial Cl	earing, LC
	8446 Idi	RWOOOL COURT	
	Languard	City/State and Zip Code	34202
	merm aids	o be used for future simual report notif	amail. Com
For further information co	oncerning this matter, please ca	II:	
Christy Name o	Hugh 25 Person	at (30U) 751-7 Area Code Daytime	e Telephone Number
Enclosed is a check for th	ne following amount:		}
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
Mailing Addres		<u>Street Address:</u> Registration Se	ction
		Division of Co.	rporations
P.O. B ox 632	27	The Centre of 7415 N. Monre	Laffahassec Se Street, Suite 810
Enclosed is a check for the \$25.00 Filing Fee Mailing Address Registration 1 Division of C	The please can be following amount: S30.00 Filing Fee & Certificate of Status Section Corporations 27	Il: at (304) Area Code Daytime Street Address: Registration Se Division of Cor The Centre of The	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION FILED OF

Memoids Commercial Cleaning 1 OF STATE

(Name of the Limited Liability Company as it now appears on our resorts) 1 OF STATE

(X Florida Limited Liability Company) IALLATIASSEE, FL

The Articles of Organization for this Limited Liability Company we	ere filed on and assigned
Florida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabilit	ty company here:
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "L.L.C." or the 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:	
(Mailing address MAY BE A POST OFFICE BOX)	
-	
B. If amending the registered agent and/or registered office addagent and/or the new registered office address here: Name of New Registered Agent:	dress on our records, <u>enter the name of the new register</u>
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
AMBR	Terrence L. HughasII	24410 Idlewood Ct. Lanewood Pronch, Fl 3420	_ t_xdd
4 Via-Presid	ent	Lanewood Bonch, FL3420	_ □Remove
			_ □Change
			_ □Add
			_ □Remove
			_ 🗆 Change
			_ ⊡Add
			_ □Remove
			_ □Change
			_ 🗆 Add
			_ □Remove
			_ □Change
			_ □Add
			_ □Remove
			_ □Change
			_ DAdd
			_ □Remove
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Just adding my husband as an authorized member + listed as
Authorized member + listed as
Co-olyner.
Thanh You!
;
E. Effective date, if other than the date of filing: (If an effective 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)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
If the record 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 record is filed.
Dated Survice 3 2022. Signature of a member or ashorized representative of a member
Christian Hughes Typed (in printed name of signee